

Referrals  
6/11/19

**PUBLIC HEALTH  
AND SAFETY  
STANDING  
COMMITTEE**

## MAYOR'S OFFICE COORDINATORS REPORT

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OVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**

Petition #: 651 Event Name: CHASS Mexicantown 5K Race

Event Date : July 20, 2019

Street Closure: Junction & Porter

Organization Name: Community Health & Social Services

Street Address: 5635 W. Fort Street Detroit, MI 48209

Receipt date of the <b>COMPLETED</b> Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Walkathon                     | <input type="checkbox"/> Carnival/Circus       | <input type="checkbox"/> Concert/Performance | <input checked="" type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race                     | <input type="checkbox"/> Religious Ceremony    | <input type="checkbox"/> Political Ceremony  | <input type="checkbox"/> Festival                |
| <input type="checkbox"/> Filming                       | <input type="checkbox"/> Parade                | <input type="checkbox"/> Sports/Recreation   | <input type="checkbox"/> Rally/Demonstration     |
| <input type="checkbox"/> Fireworks                     | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____        |  |
| <input type="checkbox"/> <b>24-Hour Liquor License</b> |  |  |  |

### Petition Communications (include date/time)

Annual 5K Race/Walk and Children's Raceto encourage healthy lifestyles from 9:00am - 11:00am; with temporary street closure on Junction and Porter Streets.

\*\* ALL permits and license requirements must be fulfilled for an approval status \*\*

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with CHASS to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted; No Permit Required
	Health Dept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: Bethanie Lusher

Date: May 29, 2019

## DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, January 16, 2019

To: *The Department or Commission Listed Below*

From: *Janice M. Winfrey, Detroit City Clerk*

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The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

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MAYOR'S OFFICE    POLICE DEPARTMENT  
FIRE DEPARTMENT    DPW - CITY ENGINEERING DIVISION  
BUSINESS LICENSE CENTER    BUILDINGS SAFETY ENGINEERING  
MUNICIPAL PARKING DEPARTMENT    TRANSPORTATION DEPARTMENT

**651**    *Community Health and Social Services, request to hold "Chass Mexicantown 5k Race/Walk and Children's Race" in Southwest Detroit 5635 W. Fort Street on 7/20/19, Set-up 7/20/19 at 8am - 9:00am, tear down at end of event, various street closures.*

## City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

### Section 1- GENERAL EVENT INFORMATION

Event Name: Chass Mexicantown 5K Race/Walk and Children's Race

Event Location: Southwest Detroit

Is this going to be an annual event? ☒ Yes ☐ No

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Community Health and Social Services

Organization Mailing Address: 5635 W. Fort St, Detroit, MI, 48209

Business Phone: 313-849-3920

Business Website: www.chasscenter.org

Applicant Name: Richard Bryce

Business Phone: 313-849-3920

Cell Phone: 313-844-0240

Email: rbryce@chasscenter.org

Event On-Site Contact Person:

Name: Richard Bryce

Business Phone: 313-849-3920

Cell Phone: 313-844-0240

Email: rbryce@chasscenter.org

Event Elements (check all that apply)

☐ Walkathon

☐ Carnival/Circus

☐ Concert/Performance

☒ Run/Marathon

☐ Bike Race

☐ Religious Ceremony

☐ Political Event

☐ Festival

☐ Filming

☐ Parade

☐ Sports/Recreation

☐ Rally/Demonstration

☐ Convention/Conference

☐ Fireworks

☐ Other: \_\_\_\_\_

Projected Number of Attendees: 250

Please provide a brief description of your event:

Chass Mexicantown 5K Race/Walk and Children's Race is a family friendly event that encourages

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date 07/20/2019 Time:08:00 Complete Set-up Date:07/20/2019 Time:09:00am

Event Start Date:07/20/2019 Time:09:00am Event End Date:07/20/2019 Time:11:00am

Begin Tearing Down Date:07/20/2019 Complete Tear Down Date:07/20/2019

Event Times (If more than one day, give times for each day):  
only one day

### Section 3- LOCATION/SITE INFORMATION

Location of Event:5635 W. Fort St.

Facilities to be used(Check) Street ☒ Sidewalk ☒ Park ☒ City Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- |                                   |  |
|-----------------------------------|--|
| -Public entrance and exit         | -Location of First Aid                 |
| -Location of merchandising booths | -Location of fire lane                 |
| -Location of food booths          | -Proposed route for walk/run           |
| -Location of garbage receptacles  | -Location of tents and canopies        |
| -Location of beverage booths      | -Sketch of street closure              |
| -Location of sound stages         | -Location of bleachers                 |
| -Location of hand washing sinks   | -Location of press area                |
| -Location of portable restrooms   | -Sketch of proposed light pole banners |

**You will be prompted to upload these attachments upon submitting this form**

### Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? small speaker for announcement and music

Describe specific power needs for entertainment and/or music:

n/a

How many generators will be used? \_\_\_\_\_

How will the generators be fueled?

Name of vendor providing generators:

Contact Person:

Address:

Phone:

City/State/Zip

### Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☒ Yes ☐ No

If yes, please describe:

Will there be on-site ticket sales? ☒ Yes ☐ No

If yes, list price(s):

Will there be vending or sales? ☐ Yes ☒ No

If yes, check all that apply:

☒ Food ☐ Merchandise ☐ Non-Alcoholic Beverages ☐ Alcoholic Beverages

Indicate type of items to be sold:

n/a

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: none

Contact Person: n/a

Address: n/a

Phone:

City/State/Zip:

n/a

Number of Private Security Personnel Hired Per Shift:

n/a

Are the private security personnel (check all that apply):

☐ Licensed

☐ Armed

☐ Bonded

How will you advise attendees of parking options?

they will use the chass back parking lot.

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?  
traffic will be blocked for a short time during the event.

Have local neighborhood groups/businesses approved your event?

☒ Yes ☐ No

Indicate what steps you have or will take to notify them of your event:  
discuss event at local meetings

## Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event **Structure**

	How Many?	Size/Height
Booth	0	
Tents (enclosed on 3 sides)	8	
Canopy (open on all sides)	0	
Staging/Scaffolding	0	
Bleachers	0	

## Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: none

Address:

City/State/Zip:

Name of company providing port-a-johns: none

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company?

Contact Person:

Address:

Phone:

City/State/Zip:



## SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a map or sketch of the proposed area for closure.

STREET NAME: junction

FROM: fort TO: porter

CLOSURE DATES: 07/20/2019 BEG TIME: 09:00am END TIME:

REOPEN DATE: 11:00 TIME:

STREET NAME: porter

FROM: junction TO: clark

CLOSURE DATES: 07/20/2019 BEG TIME: 09:00am END TIME:

REOPEN DATE: 11:00 TIME:

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME:

REOPEN DATE: \_\_\_\_\_ TIME:

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME:

REOPEN DATE: \_\_\_\_\_ TIME:

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME:

REOPEN DATE: \_\_\_\_\_ TIME:

**PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:**

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

## AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

*Richard Bryce*

01/10/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

## HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: Chass Mexicantown 5K Race/Walk and Children's Race Event  
Date: 07-20-2019

Event Organizer:  
Richard Bryce

Applicant Signature:

*Richard Bryce*

Date: 01/10/2019

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## MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ APPROVED ☐ DENIED ☐ N/A ☐ CANCELED

Petition #: 665 Event Name: Growler Gallop 10 Mile & 5K

Event Date : September 29, 2019

Street Closure: Various

Organization Name: Trivium Racing

Street Address: 5310 Weeping Cherry Drive Browns Summit, NC 27214

Receipt date of the <b>COMPLETED</b> Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- ☐ Walkathon
 ☐ Carnival/Circus
 ☐ Concert/Performance
 ☒ Run/Marathon  
☐ Bike Race
 ☐ Religious Ceremony
 ☐ Political Ceremony
 ☐ Festival  
☐ Filming
 ☐ Parade
 ☐ Sports/Recreation
 ☐ Rally/Demonstration  
☐ Fireworks
 ☐ Convention/Conference
 ☐ Other: \_\_\_\_\_  
☐ **24-Hour Liquor License**

### Petition Communications (include date/time)

Annual 5K and 10K run/walk in conjunction with Atwater Brewery from 4:00pm - 6:45pm.

**\*\* ALL permits and license requirements must be fulfilled for an approval status \*\***

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Hart Medical to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades & Road Closure Signage Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: Bethanie Lusher

Date: May 29, 2019

## DEPARTMENTAL REFERENCE COMMUNICATION

*Monday, February 04, 2019*

*To: The Department or Commission Listed Below*

*From: Janice M. Winfrey, Detroit City Clerk*

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The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

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MAYOR'S OFFICE    MUNICIPAL PARKING DEPARTMENT  
DPW - CITY ENGINEERING DIVISION    POLICE DEPARTMENT  
FIRE DEPARTMENT    BUSINESS LICENSE CENTER  
BUILDINGS SAFETY ENGINEERING    TRANSPORTATION DEPARTMENT

**665**    *Trivium Racing, request to host "Growler Gallop 10 Mile and 5k" at Atwater Brewery and Surrounding Streets, on 9/29/19 at 4:00pm - 6:45pm, Set-up to begin 9/29/19 at 9am - 2:00pm, tear down 9/29/19 with various street closures.*

## City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

### Section 1- GENERAL EVENT INFORMATION

Event Name: Growler Gallop 10 Mile and 5K

Event Location: Atwater Brewery and surrounding streets

Is this going to be an annual event? ☒ Yes ☐ No

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Trivium Racing

Organization Mailing Address: 5310 Weeping Cherry Drive, Browns Summit, NC 27214

Business Phone: 313-304-0903

Business Website: triviumracing.com

Applicant Name: Richard Swor

Business Phone: 313-304-003 Cell Phone: 313-304-0903 Email: rich@triviumracing.com

Event On-Site Contact Person:

Name: Richard Swor

Business Phone: 313-304-0903 Cell Phone: 313-304-0903 Email: rich@triviumracing.com

Event Elements (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Walkathon               | <input type="checkbox"/> Carnival/Circus   | <input type="checkbox"/> Concert/Performance |
| <input checked="" type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race         | <input type="checkbox"/> Religious Ceremony  |
| <input type="checkbox"/> Political Event         | <input type="checkbox"/> Festival          | <input type="checkbox"/> Filming             |
| <input type="checkbox"/> Parade                  | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference   | <input type="checkbox"/> Fireworks         | <input type="checkbox"/> Other: _____        |

Projected Number of Attendees: 1000

Please provide a brief description of your event:

The Growler Gallop is a 10 mile and 5K race starting and finishing at The Famous Atwater Brewery in



**What are the projected set-up, event and tear down dates and times (must be completed)?**

Begin Set-up Date 09/29/2019 Time: 09:00 Complete Set-up Date: 09/29/2019 Time: 14:00

Event Start Date: 09/29/2019 Time: 04:00 Event End Date: 09/29/2019 Time: 18:45

Begin Tearing Down Date: 09/29/2019 Complete Tear Down Date: 09/29/2019

Event Times (If more than one day, give times for each day):  
please see attached PDF for a complete list of timelines

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: parking lot across the street from Atwater Brewery

Facilities to be used (Check) Street ☒ Sidewalk ☐ Park ☐ City ☐  
Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- |                                   |  |
|-----------------------------------|--|
| -Public entrance and exit         | -Location of First Aid                 |
| -Location of merchandising booths | -Location of fire lane                 |
| -Location of food booths          | -Proposed route for walk/run           |
| -Location of garbage receptacles  | -Location of tents and canopies        |
| -Location of beverage booths      | -Sketch of street closure              |
| -Location of sound stages         | -Location of bleachers                 |
| -Location of hand washing sinks   | -Location of press area                |
| -Location of portable restrooms   | -Sketch of proposed light pole banners |

**You will be prompted to upload these attachments upon submitting this form**

**Section 4- ENTERTAINMENT**

Describe the entertainment for this year's event:

We will have a four piece band with some amplification.

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system?

Describe specific power needs for entertainment and/or music:

We have small generators. If generators do not meet satisfaction we can use power cords from the

How many generators will be used? 1

How will the generators be fueled?  
gasoline

Name of vendor providing generators:

Contact Person: N/A (we have our own small generators)

Address: n/a

Phone: n/a

City/State/Zip: n/a

### Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☒ Yes ☐ No

If yes, please describe:

Will there be on-site ticket sales? ☒ Yes ☐ No

If yes, list price(s):

Will there be vending or sales? ☐ Yes ☒ No

If yes, check all that apply:

☐ Food

☐ Merchandise

☒ Non-Alcoholic Beverages

☐ Alcoholic Beverages

Indicate type of items to be sold:

no vended items will be sold (non-alcoholic was clicked because the online form would not allow me to continue until at least one box was clicked.)

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: N/A (the online form would not let me continue signing until I clicked at least

Contact Person: n/a

Address: n/a

Phone: n/a

City/State/Zip:

n/a

Number of Private Security Personnel Hired Per Shift:

n/a

Are the private security personnel (check all that apply):

☒ Licensed

☐ Armed

☐ Bonded

How will you advise attendees of parking options?

Our website will be loaded prior with parking information. We will also use volunteers and workers to help direct athletes to event parking.

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?  
We specifically hold this event on Sunday afternoons because it minimizes impact. Sound will be pointed towards the river so as not to annoy residence. The event minimally closes down streets and local business and homes will be made aware multiple times prior to the event. In the previous 6 years of this event we haven't run into any issues.

Have local neighborhood groups/businesses approved your event?

☒ Yes ☐ No

Indicate what steps you have or will take to notify them of your event:  
They have approved the event in all previous 6 years.

## Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth	0	
Tents (enclosed on 3 sides)	0	we have pop up tents, but none enclosed on
Canopy (open on all sides)	6	10 x 10 pop up tents that are approx 7 ft tall
Staging/Scaffolding	0	
Bleachers	0	

## Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Hart Medical EMS

Address: 1636 W Fort St,

City/State/Zip: Detroit/ Michigan/48216

Name of company providing port-a-johns.

Contact Person: Parkway Services

Address: 2876 Tyler Rd,

Phone: (734) 482-7633

City/State/Zip: Ypsilanti/ MI/48198

Name of private catering company? N/A

Contact Person:

Address:

Phone:

City/State/Zip:

## SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a map or sketch of the proposed area for closure.

STREET NAME: Please see attached maps

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

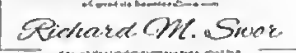
**PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:**

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

- 1) Attached is last years COI. We do not receive our COI for this event until closer to event day
- 2) Again, our agreement with EMS doesn't happen until closer to the event.
- 3) and 4) Does not come until closer to the event
- 5) attached

## AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

  
Richard M. Swor

01/18/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

## HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: Growler Gallop 10 Mile and 5K  
Date: 1/17/2019

Event

Event Organizer:  
Richard Swor

  
Applicant Signature:

Date: 01/18/2019

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## MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**

Petition #: 749 Event Name: Chapel Hill Missionary Baptist Church Annual Family Fun Day

Event Date : July 13, 2019

Street Closure: Yosemite

Organization Name: Chapel Hill Missionary Baptist Church

Street Address: 4924 Joy Road Detroit, MI 48201

Receipt date of the <b>COMPLETED</b> Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Walkathon              | <input type="checkbox"/> Carnival/Circus       | <input type="checkbox"/> Concert/Performance                       | <input type="checkbox"/> Run/Marathon        |
| <input type="checkbox"/> Bike Race              | <input type="checkbox"/> Religious Ceremony    | <input type="checkbox"/> Political Ceremony                        | <input type="checkbox"/> Festival            |
| <input type="checkbox"/> Filming                | <input type="checkbox"/> Parade                | <input type="checkbox"/> Sports/Recreation                         | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks              | <input type="checkbox"/> Convention/Conference | <input checked="" type="checkbox"/> Other: <u>Community Picnic</u> |  |
| <input type="checkbox"/> 24-Hour Liquor License |  |  |  |

### Petition Communications (include date/time)

Chapel Hill Missionary Baptist Church will host the annual community outreach from 11:00am - 4:00pm in the adjacent parking lot.

**\*\* ALL permits and license requirements must be fulfilled for an approval status \*\***

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention
	DFD/ EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required



Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Parking Signs Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: Bethanie Ausher

Date: May 29, 2019

## DEPARTMENTAL REFERENCE COMMUNICATION

*Monday, March 18, 2019*

*To: The Department or Commission Listed Below*

*From: Janice M. Winfrey, Detroit City Clerk*

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The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

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MAYOR'S OFFICE    DPW/TRAFFIC ENGINEERING  
POLICE DEPARTMENT    FIRE DEPARTMENT  
BUILDINGS SAFETY ENGINEERING    BUSINESS LICENSE CENTER

**749**    *Chapel Hill Missionary Baptist Church, request to hold "Chapel Hill Missionary Baptist Church Annual Family Fun Day" at 5000 Joy Road, on 7/13/19 from 11AM to 4PM, Set-up on 7/13/19 from 8 AM - 10AM, tear down following end of the event.*

## City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

### Section 1- GENERAL EVENT INFORMATION

Event Name: Chapel Hill Missionary Baptist Church Annual Family Fun Day  
 Event Location: 5000 Joy Road, Detroit, MI 48204

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Chapel Hill Missionary Baptist Church  
 Organization Mailing Address: 4924 Joy Road, Detroit, MI 48204  
 Business Phone: 313-931-9133 Business Fax: 313-931-0632  
 Federal Tax ID # 382495358

*If registered as a non-profit, indicate non-profit ID number and attach a copy of the certificate.*

Applicant Name: Cassandra Allen  
 Title/Role: Family Fun Day Coordinator  
 Email Address: secretaryofchmbc@comcast.net  
 Mailing Address: 4924 Joy Road, Detroit, MI 48204  
 Business Phone: 313-931-9133 Ext 3 Business Fax: 313-931-0632

#### Event On-Site Contact Person:

Mailing Address: Cassandra Allen, 4924 Joy Road, Detroit, MI 48204  
 Business Phone: 313-931-9133 Ext 3 Business Fax: 313-931-0632

*List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).*

List Event Sponsors: Rev. Dr. R. LaMont Smith II, Pastor, 313-931-9133 Ext 1, Cassandra Allen, Family Fun Day Coordinator, 313-658-9211

#### Event Elements (check all that apply)

<input type="checkbox"/> Walkathon	<input type="checkbox"/> Carnival/Circus	<input type="checkbox"/> Concert/Performance
<input type="checkbox"/> Run/Marathon	<input type="checkbox"/> Bike Race	<input type="checkbox"/> Religious Ceremony
<input type="checkbox"/> Political Event	<input type="checkbox"/> Festival	<input type="checkbox"/> Filming
<input type="checkbox"/> Parade	<input type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Rally/Demonstration
<input type="checkbox"/> Convention/Conference	<input type="checkbox"/> Fireworks	<input checked="" type="checkbox"/> Other: <u>Community Picnic</u>

**Provide a brief description of your event:**

The Annual Chapel Hill Family Fun Day is one of our community outreach efforts. The entire surrounding community is invited to a peaceful and organized day of games, music, fun and food. All ages are invited.

**What are the projected set-up, event and tear down dates and times (must be completed)?**

Begin Set-up Date & Time: 7/13/19; 8 am Complete Set-up Date & Time: 7/13/19; 10 am

Event Start Date & Time: 7/13/19; 11 am Event End Date & Time: 7/13/19; 4 pm

Begin Tearing Down Date: 7/13/19 Complete Tear Down Date: 7/13/19

Event Times (If more than one day, give times for each day): 7/13/19; 11 am - 4 pm

**Is this the first time you have held this event in the City of Detroit?** ☐ Yes ☒ No

If no, what years has the event been held in Detroit? 2009 - 2018

When was the event last held in Detroit? 7/14/18

Where was the event last held in Detroit? Chapel Hill Missionary Baptist Church

What were the hours last year? 11 am - 4 pm

Project Attendance This Year (Minimum – Maximum)? 500 adults and children

What is the basis for your projected attendance? Attendance at previous years event

**Please describe your anticipated/ target audience:**

Is this going to be an annual event? ☒ Yes ☐ No

If yes, do you have a preferred/proposed for next year? July 11, 2020

If a parade is planned. Indicate elements (check all that apply):

☐ People ☐ Balloons

☐ Floats ☐ Animals

☐ Vehicles ☐ Other: \_\_\_\_\_

☐ Bands

**If animals included, specify type, number and how used.** \_\_\_\_\_

Name of business supplying animal(s): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### Section 3- LOCATION/SITE INFORMATION

Location of Event: 5000 Joy Road, Detroit, MI 48204

Facilities to be used (circle): ☒ **Street** ☒ **Sidewalk** ☐ Park ☐ City Facility

Please attach a site plan which illustrates the anticipated layout of your event including the following:

- |                                   |  |
|-----------------------------------|--|
| -Public entrance and exit         | -Location of First Aid                 |
| -Location of merchandising booths | -Location of fire lane                 |
| -Location of food booths          | -Proposed route for walk/run           |
| -Location of garbage receptacles  | -Location of tents and canopies        |
| -Location of beverage booths      | -Sketch of street closure              |
| -Location of sound stages         | -Location of bleachers                 |
| -Location of hand washing sinks   | -Location of press area                |
| -Location of portable restrooms   | -Sketch of proposed light pole banners |

### Section 4- ENTERTAINMENT

What type of entertainment will be used? (check all that apply)

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Singers   | <input type="checkbox"/> Magician                           |
| <input type="checkbox"/> Musicians | <input type="checkbox"/> Story Telling                      |
| <input type="checkbox"/> Comedians | <input checked="" type="checkbox"/> Other: <u>Games, DJ</u> |

Describe the entertainment for this year's event: DJ playing music, outdoor games, card and board games

List proposed entertainers and/or bands performing at the event: NA

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? \_\_\_\_\_

☒ Acoustic-audible, sound heard within natural range

☐ Amplified-augmented, sound increased to broaden range

The amplified sound will be used: \_\_\_\_\_

Will the event consist of a musical concert? ☐ Yes ☒ No

If yes, what type of music? (check all that apply)

☐ Live ☒ Recorded ☐ Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music: \_\_\_\_\_

Electrical outlets attached to the building

How many generators will be used? 0

How will the generators be fueled? NA

Name of vendor providing generators: \_\_\_\_\_

Contact Person: NA

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### Section 5- COMMUNICATION/ADVERTISING STRATEGY

Check all applicable boxes that describe the type of promotion you plan to use to attract participants:

☐ Radio (Specify stations): \_\_\_\_\_

☐ Television (Specific stations): \_\_\_\_\_

☐ Newspapers (specify papers): \_\_\_\_\_

☐ Web site (identify web address): \_\_\_\_\_

☐ Public Relations or Marketing Firm (Specify): \_\_\_\_\_

Contact Info: \_\_\_\_\_

☐ Raffle (List Item(s)): \_\_\_\_\_

☐ Billboards

☒ Flyers

☒ Street Banners

☒ Other (specify): Direct Mail, Website, Facebook

NOTE: All raffles subject to laws of State/City.

### Section 6- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No

If yes, please describe: \_\_\_\_\_

Will there be on-site ticket sales? ☐ Yes ☒ No

If yes, list price(s): \_\_\_\_\_

Will food be sold? ☐ Yes ☒ No

If yes, please pick up Special Events Vendor Packet in Suite 105: \_\_\_\_\_

Will merchandise be sold? ☐ Yes ☒ No

If yes, describe: \_\_\_\_\_

Will a percentage of the proceeds be distributed to a charitable organization? ☐ Yes ☒ No

If yes, describe: \_\_\_\_\_

If the event is a fundraiser, identify charity or recipient of funds: \_\_\_\_\_

Will there be vending or sales? ☐ Yes ☒ No

If yes, check all that apply:

☐ Food

☐ Merchandise

☐ Non-Alcoholic Beverages

☐ Alcoholic Beverages

☐ Other (specify): \_\_\_\_\_

Indicate type of items to be sold: \_\_\_\_\_

Will these be exclusive vendors or outside vendors? (please describe): \_\_\_\_\_

### Section 7- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person: NA

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Number of Private Security Personnel Hired Per Shift: \_\_\_\_\_

Are the private security personnel (check all that apply):

☐ Licensed

☐ Armed

☐ Bonded

Describe the emergency evacuation plan: Participants can evacuate via Yosemite street at Joy Road and at Riviera and through the alley.

Describe the parking plan to accommodate anticipated attendance: Church parking lot across the street from 5000 Joy Road

How will you advise attendees of parking options? Fliers and church announcements

Are you seeking a group parking rate? No

### Section 8- COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Yosemite street between Riviera and Joy Road will be closed

Have local neighborhood groups/businesses approved your event?

☒ Yes ☐ No

Indicate what steps you have or will take to notify them of your event: Personal visits, telephone calls, fliers

Indicate contact names and phone numbers (for verification) or attach approved letter(s):

Rev. Dr. R. LaMont Smith, 248.701.0527

Most Puissant Sovereign Grand Commander III Edward Chapman, 313.834.5597

### Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

**Structure**

How Many? \_\_\_\_\_

Size/Height \_\_\_\_\_

Booth \_\_\_\_\_

Tent (enclosed on 3 sides) \_\_\_\_\_

Canopy (open on all sides) 1

Staging/Scaffolding \_\_\_\_\_

Bleachers \_\_\_\_\_

Company: **United Rent All**

Grill

☐ Gas ☒ Charcoal ☐ Electrical ☐ Propane

Fireworks (Pyrotechnics)

☐ Aerial ☐ Stage

Provide Sketch:

Portable Restrooms:

☐ Standard ☐ ADA Accessible

Vehicles

Type/Weight: \_\_\_\_\_

Other: \_\_\_\_\_

NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.

Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.

No

Will additional utility services be used (power, water, etc.)? Please describe.

No

Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.

No



### Section 10- COMPLETE ALL THAT APPLY

**Name of Sanitation Company collecting refuse and garbage?**

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Name of company providing emergency medical services?**

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Name of company providing porta-johns.**

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Name of private catering company?**

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

#### SPECIAL USE REQUESTS

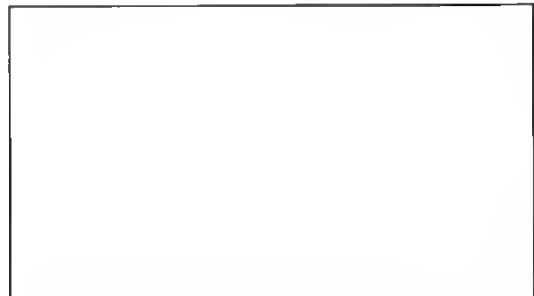
List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval.

**Attach a map or sketch of the proposed area for closure.**

STREET NAME: Yosemite

FROM Joy Road  
TO Riviera

Closure Dates: July 13, 2019  
Beg. Time: 8:00 am  
End Time: 4:30 pm  
Reopen Date: July 13, 2019  
Time: 4:30 pm



STREET NAME: \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

**Requested City Equipment**

Provided In: \_\_\_\_\_ (year)

Current Request: \_\_\_\_\_ (year)

Street Closures:

☐ Posting no parking signs

☐ Light pole

☐ Electrical Services

☐ Storage for Trailers/Trunks

**Barricades are not available from the City of Detroit.**

**ADDITIONAL INFORMATION**

Is there any additional information that you feel is important to mention regarding your event or additional requests?

This is an annual outreach event for the Chapel Hill community. In the past, the Police Reserve or the 10th Precinct NPO monitored this event. We are requesting this service again and we are requesting to be on special attention with the 10th Precinct. Thank you.

\_\_\_\_\_  
\_\_\_\_\_

#### AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.



March 7, 2019

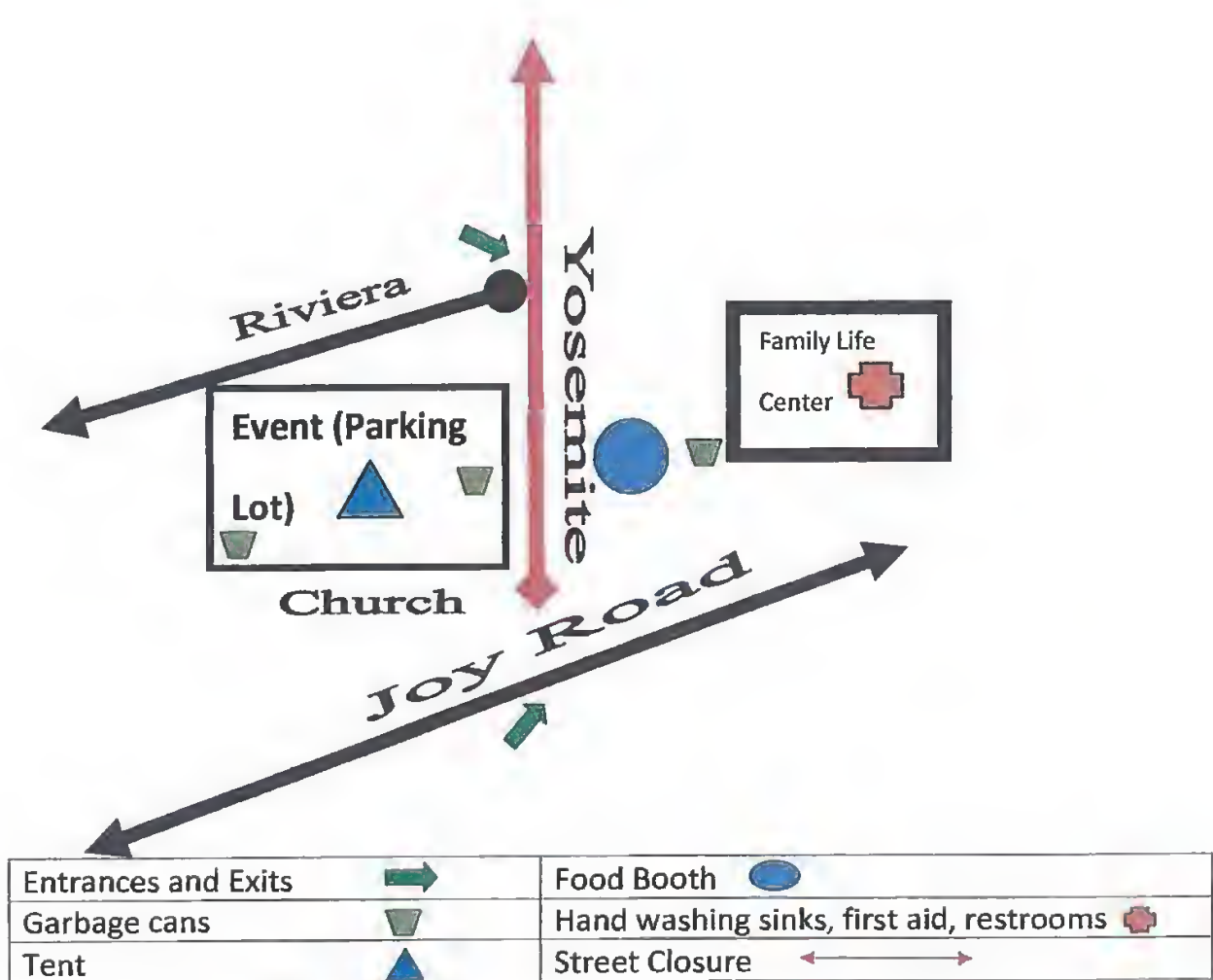
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Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

## Site plan – anticipated layout



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# MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ APPROVED ☐ DENIED ☐ N/A ☐ CANCELED

Petition #: 750 Event Name: James H. Cole Family Festival

Event Date : July 21, 2019

Street Closure: Holden Street

Organization Name: James H. Cole Home for Funerals

Street Address: 2624 W. Grand Boulevard Detroit, MI

Receipt date of the <b>COMPLETED</b> Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- ☐ Walkathon ☒ Carnival/Circus ☒ Concert/Performance ☐ Run/Marathon  
☐ Bike Race ☐ Religious Ceremony ☐ Political Ceremony ☒ Festival  
☐ Filming ☐ Parade ☐ Sports/Recreation ☐ Rally/Demonstration  
☐ Fireworks ☐ Convention/Conference ☐ Other: \_\_\_\_\_  
☐ 24-Hour Liquor License

## Petition Communications (include date/time)

James H. Cole Home for Funerals will celebrate 100 years of business with a festival located at 2624 W. Grand Boulevard, the adjacent parking lot & Holden Street btw. W. Grand Bld and Ferry Street from 1:00pm - 7:00pm.

**\*\* ALL permits and license requirements must be fulfilled for an approval status \*\***

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required for Street Closure
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades & Road Closure Signage Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents, Stages & Generators
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Parking Signs Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: Bethanie Aushier

Date: May 29, 2019

## DEPARTMENTAL REFERENCE COMMUNICATION

*Monday, March 18, 2019*

*To: The Department or Commission Listed Below*

*From: Janice M. Winfrey, Detroit City Clerk*

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The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

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TRANSPORTATION DEPARTMENT   MAYOR'S OFFICE  
POLICE DEPARTMENT   FIRE DEPARTMENT  
BUILDINGS SAFETY ENGINEERING   BUSINESS LICENSE CENTER  
DPW - CITY ENGINEERING DIVISION   MUNICIPAL PARKING DEPARTMENT

**750**   *James H. Cole for Funerals, request to hold the "James H. Cole Family Festival" at 2624 W. Grand Blvd., on 7/21/19 from 1 PM - 7 PM, set up on 7/21/19 @ 9 AM - 12PM, Complete tear down following event, street closure on Holden Street off W. Grand Blvd and Ferry from 8 AM - 8 PM*



## City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

### Section 1- GENERAL EVENT INFORMATION

Event Name: James H. Cole Family Festival

Event Location: Holden Street off of W. Grand Blvd on the side of James H. Cole Funeral Home at 2624 W.

Is this going to be an annual event? ☐ Yes ☒ No

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: James H. Cole Home for Funerals

Organization Mailing Address: 2624 W. Grand Blvd.

Business Phone: (313) 873-0771

Business Website: jameshcole.com

Applicant Name: Antonio Green

Business Phone: (313) 873-0771

Cell Phone: (313) 215-0841

Email: agreen@jameshcole.com

Event On-Site Contact Person:

Name: Nicole Sebree-Henry

Business Phone: (313) 282-8970

Cell Phone: (313) 282-8970

Email: nicole@theallenlewisagency.com

Event Elements (check all that apply)

☐ Walkathon

☒ Carnival/Circus

☒ Concert/Performance

☐ Run/Marathon

☐ Bike Race

☐ Religious Ceremony

☐ Political Event

☒ Festival

☐ Filming

☐ Parade

☐ Sports/Recreation

☐ Rally/Demonstration

☐ Convention/Conference

☐ Fireworks

☐ Other: \_\_\_\_\_

Projected Number of Attendees: 3,000 - 5,000

Please provide a brief description of your event:

James H. Cole Home for Funerals is celebrating 100 years of being in business in the city of Detroit. They have served numerous families and is one of the oldest African American owned companies and the oldest funeral home in the city of Detroit. In celebration, they are holding a family festival to give thanks. It will include a performance stage with Dwele and other artists performances. It will also include two bounce houses, face painting, carnival games, aerobics, food trucks and ten vendors that will sell their goods. The event is planned to occur on July 21, 2019 from 1pm - 7pm.

**What are the projected set-up, event and tear down dates and times (must be completed)?**

Begin Set-up Date 07/21/2019 Time: 9am Complete Set-up Date: 7/21/2019 Time: 12pm

Event Start Date: 07/21/2019 Time: 1pm Event End Date: 07/21/2019 Time: 7pm

Begin Tearing Down Date: 07/21/2019 Complete Tear Down Date: 07/21/2019

Event Times (If more than one day, give times for each day):  
N/A

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Holden Street located off of West Grand Blvd

Facilities to be used (Check) Street ☒ Sidewalk ☒ Park \_\_\_\_\_ City \_\_\_\_\_  
Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- |                                   |  |
|-----------------------------------|--|
| -Public entrance and exit         | -Location of First Aid                 |
| -Location of merchandising booths | -Location of fire lane                 |
| -Location of food booths          | -Proposed route for walk/run           |
| -Location of garbage receptacles  | -Location of tents and canopies        |
| -Location of beverage booths      | -Sketch of street closure              |
| -Location of sound stages         | -Location of bleachers                 |
| -Location of hand washing sinks   | -Location of press area                |
| -Location of portable restrooms   | -Sketch of proposed light pole banners |

**You will be prompted to upload these attachments upon submitting this form**

**Section 4- ENTERTAINMENT**

Describe the entertainment for this year's event:

Fresh the Clownss, Dwele, Kitty the Clown, Cam Anthony, Mason will emcee and DJ Rod Stinson

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? 2 Technics 1200 for Serato, Rane 52 Mixer

Describe specific power needs for entertainment and/or music:

Power to sustain at least two speakers, sound system and five (5) microphones

How many generators will be used? \_\_\_\_\_

How will the generators be fueled?

Name of vendor providing generators:

Contact Person:

Address:

Phone:

City/State/Zip

### Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No

If yes, please describe:

Will there be on-site ticket sales? ☐ Yes ☒ No

If yes, list price(s):

Will there be vending or sales? ☒ Yes ☐ No

If yes, check all that apply:

☒ Food ☒ Merchandise ☒ Non-Alcoholic Beverages ☐ Alcoholic Beverages

Indicate type of items to be sold:

Food from food trucks that typically sell in the downtown area. Local merchants that are interested in selling small items such as art. Smoothies will be sold on one of the food trucks.

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company:

Contact Person:

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

☐ Licensed

☐ Armed

☐ Bonded

How will you advise attendees of parking options?

We are hoping that we can hire the Detroit Police for this event.

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

There are approximately eight (8) homes that are on Holden street that will be engaged. There is also a CVS on the corner.

Have local neighborhood groups/businesses approved your event?

☐ Yes ☒ No

Indicate what steps you have or will take to notify them of your event:

We plan to speak to the residents about the event. We are inviting them to participate. They will receive food vouchers for everyone in their home and VIP access (seating for the performance). We plan to also speak to CVS to make them aware of the activities and will provide them with signs for parking that says this is for CVS employees only.

## Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event **Structure**

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)	20 and 1	10x10 and 30x30
Canopy (open on all sides)		
Staging/Scaffolding	1	16 width x 12 depth
Bleachers		

## Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person:

Address:

City/State/Zip:

Name of company providing port-a-johns: Detroit Porta Potty Rental Pros

Contact Person: Patrick

Address: 1600 Clay Street

Phone: 888-624-4733

City/State/Zip: Detroit, MI 48211

Name of private catering company: Lonestar Catering

Contact Person: Chef Maurice Wallace

Address: lonestarcateringonline.com

Phone: (313) 656-1749

City/State/Zip: Detroit, MI

## SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a map or sketch of the proposed area for closure.

STREET NAME: Holden Street off of W. Grand Blvd & Ferry

FROM: 8am TO: 8pm

CLOSURE DATES: 07/21/2019 BEG TIME: 8am - 8pm END TIME:

REOPEN DATE: 07/21/2019 TIME:

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME:

REOPEN DATE: \_\_\_\_\_ TIME:

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME:

REOPEN DATE: \_\_\_\_\_ TIME:

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME:

REOPEN DATE: \_\_\_\_\_ TIME:

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME:

REOPEN DATE: \_\_\_\_\_ TIME:

**PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:**

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

## AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

a 10-janet at 12, 11-10-2018 12:00:00  
*Antonio Green*  
a 10-janet at 12, 11-10-2018 12:00:00

02/26/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

## HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: James H. Cole Family Festival Event  
Date: 07/21/2019

Event Organizer:  
James H. Cole Home for Funerals

a 10-janet at 12, 11-10-2018 12:00:00  
*Antonio Green*  
a 10-janet at 12, 11-10-2018 12:00:00

Applicant Signature:

Date: 02/26/2019

# JAMES H. COLE FAMILY FESTIVAL LAYOUT



- 1 MAIN STAGE
- 2 THE ZONE: HEALTH PAVILLION
- 3 FOOD TRUCK CENTRAL
- 4 CHILDREN'S VILLAGE
- 5 CREATIVE CORNER
- 6 PORTABLE TOILETS
- 7 SECURITY FENCES



1

## MAIN STAGE



## SPONSORS SEATING AREA

## GENERAL SEATING

Radio One & the Voice of Detroit, Mason will host the main stage during the day. While a DJ will keep the crown moving between acts.

Performers can include Fresh the Clownsss, Mike Ellison (Spoken Word Entertainer), Apollo Winner – Cam Anthony and Dwele will headline the evening.

2

Participants will have the opportunity to not only enjoy the entertainment and eat great food, but will also have the chance to get free health screenings such as have their blood pressure checked.

Additionally, they will be able to participate in exercise activities such as Hip Hop Aerobics to get their blood flowing.



## FITNESS/EXERCISE AREA

## HEALTH PAVILION

3

## FOOD TRUCK CENTRAL



Allow varied Food Trucks to engage with participants in an area setup on the street.

The food trucks will sell food directly to patrons.



36

## MAYOR'S OFFICE COORDINATORS REPORT

31

OVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**

Petition #: 751 Event Name: Give & Get Fit

Event Date: July 28, 2019

Street Closure: None

Organization Name: Rhonda Walker Foundation

Street Address: 7700 Second Avenue Suite 602 Detroit, MI 48202

Receipt date of the <b>COMPLETED</b> Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> Walkathon          | <input type="checkbox"/> Carnival/Circus       | <input type="checkbox"/> Concert/Performance | <input checked="" type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race                     | <input type="checkbox"/> Religious Ceremony    | <input type="checkbox"/> Political Ceremony  | <input type="checkbox"/> Festival                |
| <input type="checkbox"/> Filming                       | <input type="checkbox"/> Parade                | <input type="checkbox"/> Sports/Recreation   | <input type="checkbox"/> Rally/Demonstration     |
| <input type="checkbox"/> Fireworks                     | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____        |  |
| <input type="checkbox"/> <b>24-Hour Liquor License</b> |  |  |  |

### Petition Communications (include date/time)

Rhonda Walker Foundation will host the 9th Annual Give & Get Fit event at Cullen Plaza & Atwater Street from 5:00am - 11:00am.

\*\* ALL permits and license requirements must be fulfilled for an approval status \*\*

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Contracted with Riverfront Conservancy Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with DMCAre Express to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; No Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permit Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Parking Signs Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: Bethanie Austin

Date: May 29, 2019

## DEPARTMENTAL REFERENCE COMMUNICATION

*Monday, March 18, 2019*

*To: The Department or Commission Listed Below*

*From: Janice M. Winfrey, Detroit City Clerk*

---

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

---

MAYOR'S OFFICE    DPW - CITY ENGINEERING DIVISION  
POLICE DEPARTMENT    FIRE DEPARTMENT  
BUSINESS LICENSE CENTER    BUILDINGS SAFETY ENGINEERING  
TRANSPORTATION DEPARTMENT    MUNICIPAL PARKING DEPARTMENT

**751**    *Rhonda Walker Foundation, request to host "Give & Get Fit" at Detroit Riverfront - Cullen Plaza 1340 Atwater on 7/28/2019 from 5 AM - 11 AM, Set-up on 7/27/2019 at 4 PM - 6 PM, Tear down compleed after the event, with numerous street closures.*

## City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

### Section 1- GENERAL EVENT INFORMATION

Event Name: Give + Get Fit

Event Location: Detroit Riverfront- Cullen Plaza, 1340 Atwater, Detroit, MI 48207

Is this going to be an annual event? ☒ Yes ☐ No

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Rhonda Walker Foundation

Organization Mailing Address: 7700 Second Ave., Suite 602, Detroit, MI 48202

Business Phone: 313-564-1420

Business Website: RhondaWalkerFoundation.org

Applicant Name: Rhonda Walker

Business Phone: 313-564-1420

Cell Phone:

Email: Rhonda@RhondaWalkerFoundation.org

Event On-Site Contact Person:

Name: Kristin Denno

Business Phone:

Cell Phone: 248-255-6651

Email: Kdenno@jturnbull.com

Event Elements (check all that apply)

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Walkathon    | <input type="checkbox"/> Carnival/Circus   | <input type="checkbox"/> Concert/Performance |
| <input checked="" type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race         | <input type="checkbox"/> Religious Ceremony  |
| <input type="checkbox"/> Political Event         | <input type="checkbox"/> Festival          | <input type="checkbox"/> Filming             |
| <input type="checkbox"/> Parade                  | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference   | <input type="checkbox"/> Fireworks         | <input type="checkbox"/> Other: _____        |

Projected Number of Attendees: 500

Please provide a brief description of your event:

Rhonda Walker Foundation hosts the 9<sup>th</sup> annual Give + Get Fit event on Sunday, July 28, 2019 at Cullen Plaza. The event features a 5K/10K run/walk, fitness classes, health fair + more. All funds raised benefit RWF + inner-city teen girls.



What are the projected set-up, event and tear down dates and times (must be completed)?

Saturday Begin Set-up Date: 7/27/17 Time: 4pm Saturday Complete Set-up Date: 7/27/17 Time: 6pm

Sunday Event Start Date: 7/28/17 Time: 7am Sunday Event End Date: 7/28/17 Time: 11am

Begin Tearing Down Date: 7/28/17 Complete Tear Down Date: 7/28/17

Event Times (If more than one day, give times for each day):

### Section 3- LOCATION/SITE INFORMATION

Location of Event: Cullen Plaza, Miliken State Park, Deq. Cut (see attached race course)

Facilities to be used (circle):  
Facility

Street

Sidewalk

Park

City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

### Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

D.J., course entertainment by Detroit Circus, Cheerleaders

Will a sound system be used?

☒ Yes

☐ No

If yes, what type of sound system?

Describe specific power needs for entertainment and/or music:

powered speaker system (regular outlet)

How many generators will be used? Currently none. Will update if changes

How will the generators be fueled? n/a



Name of vendor providing generators:

Contact Person:

Address:

Phone:

City/State/Zip

### Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☒ Yes ☐ No

If yes, please describe: RunSign Up.com / Give And Get Fit #30 pre-reg

Will there be on-site ticket sales? ☒ Yes ☐ No

If yes, list price(s): \$40 p.p.

Will there be vending or sales? ☐ Yes ☒ No

If yes, check all that apply:

☐ Food

☐ Merchandise

☐ Non-Alcoholic Beverages

☐ Alcoholic Beverages

Indicate type of items to be sold:

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing Park security will be used. - Callen Plaza

Contact Person: Anthony Casaranta plus Detroit Police presence.

Address: 1340 E. Atwater, Detroit, MI 48207

Phone: 586-484-4634

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

☐ Licensed

☐ Armed

☐ Bonded

How will you advise attendees of parking options?

website, e-blast, event confirmation, social media

### Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

pedestrian traffic / sound carry-over

Have local neighborhood groups/businesses approved your event?

☐ Yes

☒ No

Indicate what steps you have or will take to notify them of your event: Will contact Orleans Landing with event letter + information. See attached letter.

### Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth	<u>36-45</u>	<u>6' tables</u>
Tents (enclosed on 3 sides)		
Canopy (open on all sides)	<u>4</u>	<u>10'x16' pop-up shade installations</u>
Staging/Scaffolding	<u>1 stage</u>	<u>8'x8' (16" high)</u>
Bleachers		

### Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: DMC

Address: Harper University Hospital, 3990 John R

City/State/Zip: Detroit, MI 48201

Name of company providing port-a-johns: Jay's Septic Service

Contact Person:

Address: 2787 Greenwood Road

Phone: 810-664-8000

City/State/Zip: Lapeer, MI 48446

Name of private catering company? N/A

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

\* Same course as 2018-attached.

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a map or sketch of the proposed area for closure.

STREET NAME: Franklin Street

FROM: Orleans TO: Riopelle

CLOSURE DATES: 7/28/19 BEG TIME: approx. 8:35 am END TIME: approx. 9:30 am  
REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
*after last runner passes*

STREET NAME: Riopelle Street

FROM: Franklin TO: Atwater

CLOSURE DATES: 7/28/19 BEG TIME: approx. 8:35 am END TIME: approx. 9:30 am  
REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
*after last runner passes.*

STREET NAME: Atwater

FROM: St. Aubin TO: Riopelle

CLOSURE DATES: 7/28/19 BEG TIME: approx. 8:35 am END TIME: approx. 9:30 am  
REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
*after last runner passes.*

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE - *attached*
  - 2) EMERGENCY MEDICAL AGREEMENT - *donation/in-kind from DMC*
  - 3) SANITATION AGREEMENT - *aya*
  - 4) PORT-A-JOHN AGREEMENT - *attached*
  - 5) COMMUNITY COMMUNICATION - *attached*
- 
- 
- 
-

## AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

 1-23-19  
Signature of Applicant Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

## HOLD HARMLESS AND INDEMNIFICATION

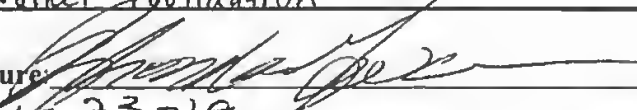
The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: Give + Get Fit Event  
Date: July 28, 2019 (Sunday)

Event Organizer:  
Rhonda Walker Foundation

Applicant Signature:   
Date: 1-23-19

# SAVE THE DATE

## Rhonda Walker Foundation

PRESENTS THE

9TH ANNUAL

# Give and Get Fit



**Sunday, July 28, 2019 | 8AM**

**Detroit Riverfront Cullen Plaza**

## 5K/10K Run/Walk

### FITNESS CLASSES

### YOGA | PILATES | KICKBOXING

Run/Walk participants receive a  
performance shirt, medal and goodie bag!

**#RWFEmpowers**

**[RunSignUp.com/GiveAndGetFit](http://RunSignUp.com/GiveAndGetFit)**

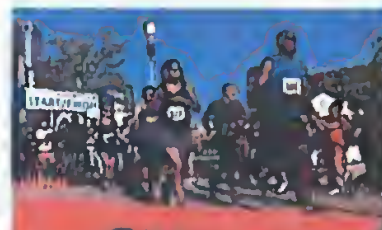
Register before July 1 and save \$10!



**GIVE**  
to the Youth Health Program



**Form a TEAM!**



**GET FIT!**



All proceeds benefit the Rhonda Walker Foundation  
Give and Get Fit Health & Fitness program for Inner city youth.

\*10K Turn-around (2nd Lap Only)  
\*5K Turn-around

St Joseph's  
Catholic Church

# Give and Get Fit



## 5K/10K RACE COURSE MAP

★ 5K → One Lap  
★★ 10K → Two Laps

DEQUINDRE CUT

ST. AUBIN ST

E. JEFFERSON AVE

FRANKLIN ST

ATWATER ST

William G.  
Merrill State  
Park and Harbor

START  
at FINISH

ATWATER ST

Detroit Riverwalk

Detroit River

Rivard  
Plaza

\*10K Turn-around





Give and Get Fit Layout | July 28, 2019



**Jay's Septic Tank Service**

2787 Greenwood Road

Lapeer, MI 48446

Telephone: (810) 664-8080

Fax: (810) 667-9130

**Rental and Service Agreement****Billing Information**

Rhonda Walker Foundation

P.O. Box 251746

West Bloomfield, MI 48325

(586) 219-4014

Number: 393142

Job Number:

Original P.O. Number

Terms: COD

MapGrid:

MapBook: Streets &amp; Trips

ServiceArea: Wayne

Rental Tax Percent: 0

Rental Tax Area: non-taxable

Service Tax Percent: 0

Service Tax Area: non-taxable

**Job Site Information**

1340 Atwater st

Detroit, MI 48207

(248) 255-6651 Kristin Denno

Cross Streets: Jen

Special Instructions: South of Jefferson Ave., east of 375  
Must be lockable units.

Date	Service or Unit Type	Quantity	Billing Method	Price Per	Minimum	Dmg. Wvr. or Minlm.	Delivery or Trip Charge	Deposit	Taxable
26-Jul-2019	Regular Portable Unit	2	Special Event	\$95.00	\$0.00	\$0.00	\$0.00	\$0.00	No
			Delivery				Extension	\$190.00	
Must Be Lockable Units									
26-Jul-2019	2 Station Sink Unit	1	Special Event	\$95.00	\$0.00	\$0.00	\$0.00	\$0.00	No
			Delivery				Extension	\$95.00	
29-Jul-2019	Regular Portable Unit	2	Special Event	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	No
			Pickup						
Must Be Lockable Units									
29-Jul-2019	2 Station Sink Unit	1	Special Event	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	No
			Pickup						

Customer agrees to the following terms and conditions. THIS IS A BINDING CONTRACT.

1. Customer agrees to exercise reasonable care in the use of the unit(s), and will be held responsible for any damages to the unit(s) over normal wear and tear, loss due to theft, fire, or negligence. By accepting delivery of this unit(s), you are fully responsible for any or all destruction of unit(s) and/or liability to person using said facilities. 2. Customer agrees not to sell, rent or give up possession of the unit(s). 3. Unit(s) must be placed in an area where a heavy truck may reach the unit(s) within 15'. 4. Customer agrees not to move the unit(s). 5. Use of unit(s) past 28 day billing date will be charged an additional month. Bill(s) are not prorated. 6. Monthly unit(s) must be called into our office for a pickup date and will receive a cancellation number. This waiver of Liability gives Jay's permission to enter onto his/her property for the purpose of doing the agreed upon work and will hold Jay's harmless for any and all damages that may occur by Jay's Employees, Vehicles or Machinery. Including, but not limited to, lawns, sidewalks, driveways, septic system, etc. Terms: Our finance charge on account over 30 days is a fixed amount of 1.5% @ month, which is an annual % rate of 18%. \$30 charge for returned checks.

Subtotal Non-Taxable \$285.00  
 Subtotal Rental Taxable \$0.00  
 Subtotal Service Taxable \$0.00  
 Subtotal Rental Tax \$0.00  
 Subtotal Service Tax \$0.00

**Grand Total: \$285.00**

Payment: \_\_\_\_\_

Check #: \_\_\_\_\_

Cash: ☐To Invoice: ☐Credit Card: ☐Unit  
Numbers:

Signature and Title of Customer Representative

Date

Print Name

Driver

Service  
Route:  
Service  
Day:

**NEW**

Renewal of Number

**POLICY DECLARATIONS**

**No. CL 1918113**

**United States Liability Insurance Company**

**1190 Devon Park Drive, Wayne, Pennsylvania 19087**

**A Member Company of United States Liability Insurance Group**

**NAMED INSURED AND ADDRESS:**

**RHONDA WALKER FOUNDATION**

**7700 SECOND AVE**

**DETROIT, MI 48202**

**This Policy is exempt from the filing requirements of  
Section 2236 of the Insurance Code of 1956, 1956 PA 218  
and MCL 500.2236**

**POLICY PERIOD: (MO. DAY YR.) From: 07/27/2019 To: 07/30/2019**

**12:01 A.M. STANDARD TIME AT YOUR  
MAILING ADDRESS SHOWN ABOVE**

**FORM OF BUSINESS: Non-Profit Corporation**

**BUSINESS DESCRIPTION: Special Event**

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE  
WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

**THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.  
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.**

**Commercial Liability Coverage Part**

**PREMIUM  
\$357.00**

**TOTAL:**

**\$357.00**

**Coverage Form(s) and Endorsement(s) made a part of this policy at time of issue**

**See Endorsement EOD (1/95)**

**Agent: THUM INSURANCE AGENCY, LLC. (2620)  
3140 3 Mile Road, NE  
Grand Rapids, MI 49525**

**Issued: 03/06/2019 10:32 AM**

**By:**

  
**Authorized Representative**

**UPD (08-07)**

**THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS,  
COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF,  
COMPLETE THE ABOVE NUMBERED POLICY.**

## EXTENSION OF DECLARATIONS

Policy No. CL 1918113

Effective Date: 07/27/2019

12:01 AM STANDARD TIME

### FORMS AND ENDORSEMENTS

**The following forms apply to the Commercial Liability coverage part**

<i>Endt#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
CG0001	12/07	Commercial General Liability Coverage Form
CG0068	05/09	Recording And Distribution Of Material Or Information In Violation Of Law Exclusion
CG0168	10/09	Michigan Changes
CG2026	04/13	Additional Insured-Designated Person or Organization
CG2107	05/14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included
CG2109	06/15	Exclusion - Unmanned Aircraft
CG2136	03/05	Exclusion - New Entities
CG2139	10/93	Contractual Liability Limitation
CG2144	07/98	Limitation Of Coverage To Designated Premises Or Project
CG2147	12/07	Employment-Related Practices Exclusion
CG2173	01/08	Exclusion Of Certified Acts Of Terrorism
IL0017	11/98	Common Policy Conditions
IL0021	09/08	Nuclear Energy Liability Exclusion Endorsement
IL0286	09/08	Michigan Changes - Cancellation And Nonrenewal
L 535	03/15	Exclusion - Products-Completed Operations Hazard Other Than Food Or Beverage Products
L-224	10/10	Punitive Or Exemplary Damages Exclusion
L-387	03/06	Exclusion - Mechanical Rides
L-423	02/11	Exclusion For Structure Collapse
L-461	12/11	Assault Or Battery Exclusion
L-472	07/08	Exclusion - Injury To Performers Or Entertainers
L-526	01/15	Absolute War Or Terrorism Exclusion
L-536	09/09	Exclusion - Participation In Athletic Activity, Physical Activity Or Sports
L-563	07/03	Set-Up And/Or Take-Down Coverage For Special Events
L-599	10/12	Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead with a Hostile Fire Exception
L-607	02/11	Exclusion For Climbing, Rebounding And Interactive Games And Devices
L-608	02/11	Exclusion For Firearms, Fireworks And Other Pyrotechnic Devices
L-609	02/11	Animal Exclusion
L-610	11/04	Expanded Definition Of Bodily Injury
L-656	02/06	Extension Of Coverage - Committee Members
L-686	10/12	Absolute Exclusion for Liquor and Other Related Liability
L-820	12/18	Special Events Blanket Additional Insured Endorsement
LLQ 102	02/15	Event Vendor, Exhibitor And Contractor Exclusion
LLQ101	08/06	Expanded Definition Of Employee
LLQ368	08/10	Separation Of Insureds Clarification Endorsement

## EXTENSION OF DECLARATIONS

**Policy No. CL 1918113**

**Effective Date: 07/27/2019**

12:01 AM STANDARD TIME

### FORMS AND ENDORSEMENTS

SPE 300	05/09	Special Events Property Damage Amendment
SPE 312	03/15	Who Is An Insured
TRIADN	02/15	Policyholder Disclosure Notice of Terrorism Insurance Coverage
ME Jacket	09/10	The Main Event Special Event Commercial Liability Policy Jacket

# **COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS**

**Policy No. CL 1918113**

**Effective Date: 07/27/2019**  
12:01 AM STANDARD TIME

## **LIMITS OF INSURANCE**

Each Occurrence Limit	\$1,000,000
Personal & Advertising Injury Limit (Any One Person/Organization)	\$1,000,000
Medical Expense Limit (Any One Person)	\$1,000
Damages To Premises Rented To You (Any One Premises)	\$100,000
Products/Completed Operations Aggregate Limit	See L-535
General Aggregate Limit	\$2,000,000

## **LIABILITY DEDUCTIBLE**

\$0

## **LOCATIONS OF ALL PREMISES YOU OWN, RENT OR OCCUPY**

Location	Address	Territory
1	1340 East Atwater, Detroit, MI 48207	001

## **PREMIUM COMPUTATION**

Evt #	Classification	Code No.	Premium Basis	Pr/Co	All Other	Advance Premium	
						Pr/Co	All Other
1	Additional Insured - Blanket - Special Events	49950	1 Per Additional Insured	N/A	0 000	N/A	\$0
1	Additional Insured - Designated Person	49950	1 Per Additional Insured	N/A	0 000	N/A	\$0
1	Set-up and/or Take-down Coverage	00442	Per Event	N/A	32 000	N/A	\$32
1	Sporting Event / Tournament - Marathons & Half Marathons (applicant is the host of the event)	00413	500 Attendees	N/A	325 000	N/A	\$325

**MINIMUM PREMIUM FOR GENERAL LIABILITY COVERAGE PART: \$195**

**TOTAL PREMIUM FOR GENERAL LIABILITY COVERAGE PART: \$357**

(This Premium may be subject to adjustment ) MP - minimum premium

Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue.

**See Form EOD (01/95) and Form SOE (03/10)**

**THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.**

# Give and Get Fit

**Mission:**  
To empower inner-city young girls  
to become confident, strong, confident,  
successful and moral future leaders.

## **Board of Directors**

*Rhonda Walker*

*Lloyd L. Banks, III*

*Sheree Colhaun*

*Nikki Howard-Combs*

*Robin Gamble*

*Dr. Ronald Gillum*

*Lori Jackson*

*Ron Mims*

*Briana Mitchell*

*Monika Murphy*

*Stacie Robinson*

*Kevin Smith*

*Kimberly Walker*

*Kimberly Keaton-Williams*

**Orleans Landing**  
275 Orleans Street  
Detroit, MI 48207

Dear Orleans Landing,

Greetings from Rhonda Walker Foundation! We are hosting our Give and Get Fit event on Sunday, July 28, 2019 at Cullen Plaza. Give and Get Fit brings together over 500 health-conscious metro-Detroiters of all ages for a fun-filled morning of health and fitness education through health, nutrition and wellness exhibits, 5K/10K run/walk along the Detroit River and Dequindre Cut plus exhilarating yoga, pilates and boxing classes along the riverfront! All participants will receive a performance shirt, medal and goodie bag!

The Detroit Police Department asked that we notify of you of the race, but let you know that we will not block any streets that would impact your resident's ingress and egress, without leaving an alternate route to their homes. The race begins at 8:30AM with most runner/walkers completing the course by 9:45AM. Please find attached the race course as well as the save the date.

If you have any questions, please contact Kristin Denno at [kdenno@jrturnbull.com](mailto:kdenno@jrturnbull.com) or 248-255-6651! We would be happy to provide flyers or letters about the event that you can provide to your residents. Please let us know the best way to get them to you. For additional information, please visit [RhondaWalkerFoundation.org](http://RhondaWalkerFoundation.org).

Thank you very much for your support,

Rhonda Walker Foundation

Rhonda Walker  
Foundation is a 501(c)3  
non-profit organization.  
**Est. 2003**

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## MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ APPROVED ☐ DENIED ☐ N/A ☐ CANCELED

Petition #: 824 Event Name: Rubofest

Event Date : July 13, 2019

Street Closure: Bagley Street

Organization Name: Rubo's Music Solutions

Street Address: 1535 St. Anne Detroit, MI 48216

Receipt date of the <b>COMPLETED</b> Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- ☐ Walkathon
 ☐ Carnival/Circus
 ☒ Concert/Performance
 ☐ Run/Marathon  
☐ Bike Race
 ☐ Religious Ceremony
 ☐ Political Ceremony
 ☒ Festival  
☐ Filming
 ☐ Parade
 ☐ Sports/Recreation
 ☐ Rally/Demonstration  
☐ Fireworks
 ☐ Convention/Conference
 ☒ Other: Block Party  
☐ 24-Hour Liquor License

### Petition Communications (include date/time)

Annual music Festival to showcase local bands and Southwest Detroit resident to promote "Guitars Instead of Guns" mission from 10:00am - 10:00pm; with temporary street closure on Bagley Street between 20th and St. Anne.

\*\* **ALL** permits and license requirements must be fulfilled for an approval status \*\*

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required



Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades Required for Road Closure
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: Bethanie Luohier

Date: May 29, 2019

Parking Lot

Ford

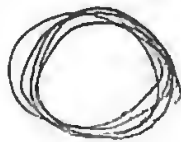
20th → Z  
Block Street

xxxxxx

W ← Bagley → E

Parking Lot

Nat Rex



Alley →

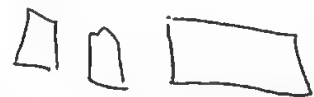
Repair The  
World

Parking  
Lot

Stage

Mikes  
Park

Yoga



xxxxxx

Ste. Anne

Block Street

→ Z

Parking Lot

## DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, April 24, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

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The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

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MAYOR'S OFFICE    DPW - CITY ENGINEERING DIVISION  
POLICE DEPARTMENT    FIRE DEPARTMENT  
TRANSPORTATION DEPARTMENT    BUSINESS LICENSE CENTER  
BUILDINGS SAFETY ENGINEERING    MUNICIPAL PARKING DEPARTMENT

**824**    *Rubo's Music Solutions, request permission to host "Rubofest" at Bagley and St. Anne on 7/13/19 from 10 AM - 10 PM, Set up on 6/16/19 from 9 AM - 10AM, Tear down after event, Street closure on Bagley at 20th street and Ste. Anne.*

## City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

### Section 1- GENERAL EVENT INFORMATION

Event Name: Rubofest

Event Location: Bagley and St. Anne

Is this going to be an annual event? ☒ Yes ☐ No

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Rubo's Music Solutions

Organization Mailing Address: 1535 Ste. Anne Detroit, MI 48216

Business Phone: (615) 202-2729

Business Website: \_\_\_\_\_

Applicant Name: Reuben Romero

Business Phone: (615) 202-2729

Cell Phone: (615) 202-2729

Email: Rubofest2000@yahoo.com

Event On-Site Contact Person:

Name: Reuben Romero/ Carmen R. Romero

Business Phone: (615) 202-2729

Cell Phone: (615) 202-2729/(313) 287-1981

Email: : Rubofest2000@yahoo.com

Event Elements (check all that apply)

☐ Walkathon

☐ Carnival/Circus

☒ Concert/Performance

☐ Run/Marathon

☐ Bike Race

☐ Religious Ceremony

☐ Political Event

☒ Festival

☐ Filming

☐ Parade

☐ Sports/Recreation

☐ Rally/Demonstration

☐ Convention/Conference

☐ Fireworks

☒ Other: Block Party

Please provide a brief description of your event:

*A local Music Festival that showcases local Bands within Southwest Detroit that helps promote music as an alternative to kids to get involved and pick up an instrument. Our "Guitars instead of Guns" mission is focused on making that happen from the instrument to the lessons. Throughout the day children ages 6 -17 are given the opportunity to put their name in a free raffle awarding them with a Guitar. Also, through a partnership with Community Music School-Detroit MSU children have the opportunity of receiving a scholarship to receive music lessons with their choice of instrument.*

© 1999 City of Detroit

**What are the projected set-up, event and tear down dates and times (must be completed)?**

Begin Set-up Date: July 13, 2019 Time: 9:00am Complete Set-up Date: July 13, 2019 Time: 10:00am

Event Start Date: July 13, 2019 Time: 10:00am Event End Date: July 13, 2019 Time: 10:00 pm

Begin Tearing Down Date: July 13, 2019 Complete Tear Down Date: July 13, 2019

Event Times (If more than one day, give times for each day):

NA- One Day

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Bagley Ave. (Between 20<sup>th</sup> Street and St. Anne)

Facilities to be used (circle): Street Sidewalk Park City  
Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- |                                   |  |
|-----------------------------------|--|
| -Public entrance and exit         | -Location of First Aid                 |
| -Location of merchandising booths | -Location of fire lane                 |
| -Location of food booths          | -Proposed route for walk/run           |
| -Location of garbage receptacles  | -Location of tents and canopies        |
| -Location of beverage booths      | -Sketch of street closure              |
| -Location of sound stages         | -Location of bleachers                 |
| -Location of hand washing sinks   | -Location of press area                |
| -Location of portable restrooms   | -Sketch of proposed light pole banners |

**Section 4- ENTERTAINMENT**

Describe the entertainment for this year's event: Live Band Music/ Promote Music Students

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? PA and Guitar Amps

Describe specific power needs for entertainment and/or music:

Generators

How many generators will be used? 1

How will the generators be fueled? Gas

Name of vendor providing generators:

Contact Person: Rubo's Music Solutions/

Reuben Romero

Address: 1535 Ste. Anne

Phone: (615) 202-2729

City/State/Zip Detroit MI, 48216

### Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No

If yes, please describe:

Will there be on-site ticket sales? ☐ Yes ☐ No

If yes, list price(s):

Will there be vending or sales? ☒ Yes ☐ No

If yes, check all that apply:

☐ Food ☐ Merchandise ☒ Non-Alcoholic Beverages ☐ Alcoholic Beverages

Indicate type of items to be sold: Water

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person: Rubo's Music Solutions

Address: 1535 Ste. Anne

Phone: (615) 202-2729

City/State/Zip: Detroit, MI  
48216

Number of Private Security Personnel Hired Per Shift: 3 for 2  
shifts

Are the private security personnel (check all that apply):

☐ Licensed

☐ Armed

☐ Bonded

How will you advise attendees of parking options?

Posted Signs

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Alternate Route for bus and closure of street for the day.

Have local neighborhood groups/businesses approved your event?

☒ Yes

☐ No

Indicate what steps you have or will take to notify them of your event:

Through Verbal Connection and Event Flyer.

## Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)		
Canopy (open on all sides)		
Staging/Scaffolding		
Bleachers		

## Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: 911

Address:

City/State/Zip:

Name of company providing port-a-johns. Langs Port a Potty-On Site Services

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company?

Contact Person:

Address:

Phone:

City/State/Zip:

## SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: Bagley

FROM: 20<sup>th</sup> Street TO: Ste. Anne

CLOSURE DATES: July 13, 2019 BEG TIME: 9:00am END TIME: 10:00pm

REOPEN DATE: July 13, 2019 TIME: 11:30pm

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_



**PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:**

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

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## AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Reuben Romero  
Signature of Applicant

April 14, 2019  
Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

## HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: Event Date: Rubofest

Event Organizer: Reuben Romero

Applicant Signature: Reuben Romero

Date: 4/14/19

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OFFICE OF CONTRACTING  
AND PROCUREMENT

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June 5, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3034903      100% City Funding – To Provide Imminent Danger Commercial Demolition at 5814 Chene. – Contractor: Adamo Demolition Co. – Location: 320 E. Seven Mile, Detroit, MI 48203 – Contract Date: Upon City Council Approval through June 2, 2020 – Total Contract Amount: \$87,500.00. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

**RESOLVED**, that Contract No. 3034903 referred to in the foregoing communication dated June 5, 2019, be hereby and is approved.



OFFICE OF CONTRACTING  
AND PROCUREMENT

June 5, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6001387      100% City Funding – To Provide Vehicle Towing Services for Abandoned Vehicles, Abandoned Boats with or without Trailers, and Boot and Tow (Schofflaw) Vehicles. – Contractor: Wayne's Service, Inc. – Location: 20495 Sherwood St., Detroit, MI 48234 – Contract Period: Upon City Council Approval through June 30, 2021 – Total Contract Amount: \$84,500.00. **MUNICIPAL PARKING**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

**RESOLVED**, that Contract No. 6001387 referred to in the foregoing communication dated June 5, 2019, be hereby and is approved.

OFFICE OF CONTRACTING  
AND PROCUREMENT

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June 5, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6002113      100% City Funding – To Provide Vehicle Repair Services, Labor, and/or Parts. – Contractor: Snethkamp Chrysler Dodge Jeep Ram – Location: 23951 Plymouth Rd., Redford, MI 48239 – Contract Period: Upon City Council Approval through June 20, 2021 – Total Contract Amount: \$50,000.00. **POLICE**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

**RESOLVED**, that Contract No. 6002113 referred to in the foregoing communication dated June 5, 2019, be hereby and is approved.

OFFICE OF CONTRACTING  
AND PROCUREMENT

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June 5, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

2889888      100% City Funding – AMEND 1– To Provide Electrical Designs Services, Geometric Design Services, and Intelligent Transportation System (ITS) Design Services. – Contractor: WSP Michigan, Inc. – Location: 500 Griswold, Ste. 2900, Detroit, MI 48226 – Contract Period: Upon City Council Approval through March 30, 2020 – Total Contract Amount: \$1,000,000.00. **DEPARTMENT OF PUBLIC WORKS** *(This Contract is for Time Only. Original Expiration 3/31/19.)*

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

**RESOLVED**, that Contract No. 2889888 referred to in the foregoing communication dated June 5, 2019, be hereby and is approved.

OFFICE OF CONTRACTING  
AND PROCUREMENT

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June 5, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

2889894      100% City Funding – AMEND 1– To Provide Electrical Designs Services, Geometric Design Services, and Intelligent Transportation System (ITS) Design Services. – Contractor: Alfred Benesch & Company – Location: 35 W. Wacker Dr., Ste. 3300, Chicago, IL 60601 – Contract Period: Upon City Council Approval through March 30, 2020 – Total Contract Amount: \$1,000,000.00. **DEPARTMENT OF PUBLIC WORKS** *(This Contract is for Time Only. Original Expiration 3/31/19.)*

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

**RESOLVED**, that Contract No. 2889894 referred to in the foregoing communication dated June 5, 2019, be hereby and is approved.





OFFICE OF CONTRACTING  
AND PROCUREMENT

June 5, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

2889898      100% City Funding – AMEND 1– To Provide Electrical Designs Services, Geometric Design Services, and Intelligent Transportation System (ITS) Design Services. – Contractor: Somat Engineering, Inc. – Location: 3031 W. Grand Blvd., Ste. 228, Detroit, MI 48202 – Contract Period: Upon City Council Approval through March 30, 2020 – Total Contract Amount: \$1,000,000.00. **DEPARTMENT OF PUBLIC WORKS** (*This Contract is for Time Only. Original Expiration 3/31/19.*)

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

**RESOLVED**, that Contract No. 2889898 referred to in the foregoing communication dated June 5, 2019, be hereby and is approved.

OFFICE OF CONTRACTING  
AND PROCUREMENT

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June 5, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

2889899      100% City Funding – AMEND 1– To Provide Electrical Designs Services, Geometric Design Services, and Intelligent Transportation System (ITS) Design Services. – Contractor: AECOM Great Lakes, Inc. – Location: 27777 Franklin Rd., Ste. 2000, Southfield, MI 48034 – Contract Period: Upon City Council Approval through March 30, 2020 – Total Contract Amount: \$1,000,000.00. **DEPARTMENT OF PUBLIC WORKS** (*This Contract is for Time Only. Original Expiration 3/31/19.*)

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

**RESOLVED**, that Contract No. 2889899 referred to in the foregoing communication dated June 5, 2019, be hereby and is approved.

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**OFFICE OF CONTRACTING  
AND PROCUREMENT**

June 5, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3034548      100% Federal Funding – To Provide Industrial Hydraulic Lifts for Large Vehicles and Buses. – Contractor: CTT Equipment, LLC – Location: 4072 E. Old Pine Trail, Midland, MI 48642 – Contract Period: Upon City Council Approval through August 31, 2019 – Total Contract Amount: \$58,700.04. **DEPARTMENT OF TRANSPORTATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL MEMBER**           **BENSON**          

**RESOLVED**, that Contract No. 3034548 referred to in the foregoing communication dated June 5, 2019, be hereby and is approved.



CITY OF DETROIT  
BOARD OF POLICE COMMISSIONERS

41

1301 THIRD AVE., SUITE 767  
DETROIT, MICHIGAN 48226  
(313) 596-1830 • TTY: 711  
(313) 596-1831 FAX  
WWW.DETROITMI.GOV

TO: Scott Benson, Council Member  
Chairperson, Public Health and Safety Steering Committee  
Detroit City Council

Roy McCalister, Jr. Council Member  
Member, Public Health and Safety Steering Committee  
Detroit City Council

Janee Ayers, Council Member  
Member, Public Health and Safety Steering Committee  
Detroit City Council

CC: Shde Gentry, Office of Contracting & Procurement (OCFO)

Detroit City Clerk, Detroit City Council Committee Clerk  
- June 3, 2019, Public health and Safety Standing Committee,  
Unfinished Business (Agenda), Item #9.

FROM: Gregory Hicks, Secretary to the Board *gh*  
Detroit Board of Police Commissioners

DATE: June 3, 2019

RE: Proposed Contract and Procurement Contract # 6002059 – Avima Design, LLC for  
\$100,000.00 Printing and Graphic Design Contract – Contract Period: Upon City Council Approval  
through April 22, 2021.

Council Members of the Public Health and Safety Steering Committee:

Three weeks ago, the above proposed contract was submitted to the Detroit City Council for consideration and approval. The proposed contract was held for three weeks pending responses to committee member concerns. At that time, members of the committee noted that the contract was incorrectly assigned to the Detroit Police Department as opposed to the intended Detroit Board of Police Commissioners. In the hearing, it was our understanding that this submission error was corrected. Additionally, the committee was concerned with the past performance with Avima Design, LLC. The Board of Police Commissioners submitted a response to the performance concerns indicating "Based on past experience and deliverables, along with its responses to the open procurement, Avima can deliver again." The response was transmitted to the Office of Contracting & procurement on May 24, 2019 whereupon we were assured that this information was responsive to the expressed concerns and would be forwarded to the appropriate parties including the Detroit City Council. See attached e-mail(s) Attachment #1.

Additionally, today (6/3/2019) the above proposed contract was held for an additional two weeks. The Board received questions from Council member McCalister drafted May 29, 2019 and received by the BOPC June 3, 2019. Please note the responses to the questions from Council member McCalister,

- (1) Will you please detail the types of printing request you are seeking to have completed?

Response: Attached please see the scope of service of the proposed contract that details the printing and design request (Attachment #2 Scope of Work).

- (2) Will you also describe the specific types of graphics you are expecting to have produced?

Response: Attached please see the scope of service of the proposed contract that details the printing and design request (Attachment #2 item Scope of Work).

- (3) Are you aware that the City of Detroit – Media Services Department is available to your Honorable body to request and produce your expected projects?

Response: Yes, we are aware of the services provided by Media Services. In several conversations with Media Services we have been reminded of the restrictions related to requested products. For example, the BOPC request on 3/6/2018, a reprint of 50 copies of our Annual Report. We were told that “Your job is too large for our copier. Please contact an outside vendor.” (See Attachment #3). The printing of newsletters, annual reports and other items require offset printing or other commercial printing process. Aside from volume, Media Services cannot handle folds, special cuts and other printing requests that are commercial in nature. It is our opinion, that the work contained in the proposed contract should be produced by commercial printing entities. Media Service basic reproduction abilities are based on small job copy machine technology.

**From:** TERESA BLOSSOM  
**Sent:** Friday, May 24, 2019 9:38 AM  
**To:** SHDE GENTRY; FAYE JOHNSON; GREGORY HICKS 667  
**Subject:** RE: AVIMA 6002059

Good day again Shde

For me, effective contract management is about ensuring excellence in work performance. Based on past experience and deliverables, along with its response to the open procurement, Avima can deliver again.

Teresa Blossom  
Detroit Board of Police Commissioners  
BOPC Administration  
Detroit Public Safety Headquarters  
1301 Third Street Suite 767  
Detroit MI 48226  
Office 313 596 1816  
Cell 313 282 4535  
Fax 313 596 1831  
*Police Accountability through Civilian Oversight since 1974*  
Mike Duggan, Mayor

**From:** SHDE GENTRY  
**Sent:** Friday, May 24, 2019 9:17 AM  
**To:** TERESA BLOSSOM <BLOSSOMT578@detroitmi.gov>; FAYE JOHNSON <JOHNSONF675@detroitmi.gov>; GREGORY HICKS 667 <HICKSG@detroitmi.gov>  
**Subject:** Re: AVIMA 6002059

Yes, thanks; that is the question.

And were you all satisfied with AVIMA's work performance?? Are you confident that they can deliver again?

## TERESA BLOSSOM

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**From:** TERESA BLOSSOM  
**Sent:** Friday, May 24, 2019 9:11 AM  
**To:** SHDE GENTRY; FAYE JOHNSON; GREGORY HICKS 667  
**Subject:** RE: AVIMA 6002059

Good day Shde

I think your question is whether the BOPC worked with Avima in the past.

Avima has completed work since roughly mid-2017 for the BOPC, with major projects including the 2016 Annual Report, a fall 2017 newsletter with household mailing, the 2017 Annual Report, a 2018 community newsletter with a per-District household mailing, and a 2018 special publication on civilian oversight in The Michigan Chronicle. These were the major projects with complexity for copy and photo layout, along with creative design for covers for the Annual Reports and Chronicle insert, and had significant deadlines attached.

Let me know if this answers your query

Teresa Blossom  
Detroit Board of Police Commissioners  
BOPC Administration  
Detroit Public Safety Headquarters  
1301 Third Street Suite 767  
Detroit, MI 48226  
Office 313 596 1816  
Cell 313 282 4535  
Fax 313 596 1831  
*Police Accountability through Civilian Oversight since 1974*  
Mike Duggan, Mayor

**From:** SHDE GENTRY  
**Sent:** Friday, May 24, 2019 9:02 AM  
**To:** FAYE JOHNSON <JOHNSONF67S@detroitmi.gov>; TERESA BLOSSOM <BLOSSOMTS78@detroitmi.gov>; GREGORY HICKS 667 <HICKSG@detroitmi.gov>  
**Subject:** AVIMA 6002059

Good Morning

City Council is re-visiting this contract on the 27th. They are asking for a letter that discusses AVIMA's work ethic and work performance. I know that AVIMA has done work for many other departments including City Council, but have your department worked with AVIMA in the best???

Thank you,  
Ms. Shde Gentry

Office of Contracting & Procurement  
City of Detroit- OCFO  
Department of Transportation  
1301 East Warren Ave  
Detroit, MI 48207  
Office Phone: 313.833.9602

Michael E. Duggan, Mayor





**1. INTRODUCTION**

The City of Detroit Office of Contracting and Procurement (OCP) requests proposals from qualified firms with the latest technological advances available in the graphic design and printing professions to work with the Detroit Board of Police Commissioners on newsletters, brochures and other public relations/public education materials.

**2. MINIMUM QUALIFICATIONS**

Proposals will only be accepted from those firms demonstrating a minimum of five (5) years of experience providing the services requested in the RFP for projects of similar scope and size.

**3. ADHERENCE TO TERMS OF PROPOSALS**

A proposal once accepted by the City of Detroit, may become a binding contractual obligation of the respondent. The failure of a successful respondent to accept this obligation and to adhere to the terms of the respondent's proposal may result in rejection of the proposal and the cancellation of any provisional award to the respondent.

**4. REJECTION OF PROPOSALS**

The City of Detroit expressly reserves the right to reject any and all proposals, waive any non-conformity, re-advertise for proposals, to withhold the award for any reason the City determines and/or to take any other appropriate action that is in the best interest of the City.

**5. BACKGROUND/DESCRIPTION OF ENVIRONMENT**

The Board of Police Commissioners (BOPC) is requesting a provider for deadline-sensitive graphic design and printing services needed to create, print or post public education and information materials that inform City of Detroit residents, businesses, and others about public safety, civilian oversight of law enforcement, and community policing.

**6. AWARD CLAUSE INCLUDING RENEWAL OPTIONS**

7. The term of the contract will be for two (2) years, with no renewal options.

**8. OPERATIONAL INFORMATION**

N/A

The respondent is expected to provide service in accordance with the terms of the executed contract and under the rules, regulations, and supervision of the City.

**9. SCOPE OF WORK**

The contractor will work with the BOPC to design and print at least two seasonal newsletters, individual police commissioner brochures (11), organizational brochure, policy newsletter, annual report, 45<sup>th</sup> anniversary report, community workshop notebooks and BOPC fan with projects appropriately scheduled, per the below specifications:

**1) Newsletters**

The BOPC provides at least two seasonal newsletters with general information about BOPC's mandated-duties and civilian oversight outcomes on a distribution schedule generally for Fall-Winter and Spring-Summer.

- Size:** Tabloid Long (17" x 14") fold to 8.5" x 3.5" or other USPS required size for bulk mail
- Ink Colors:** 4/4 full color all sides
- Stock:** 60 pound text
- Bindery:** Z-folding and tab closures for bulk mailing per USPS requirements.
- Artwork:** Professional Graphic Design aligned with BOPC-provided articles and photos
- Design may require creation of original charts or other info-graphics.
  - Submit Design for review and approval.
  - Make Edits if required.
  - Provide Design to Printer as a camera-ready PDF or other print-ready file.
  - Provide Web-ready PDF to BOPC for posting to [detroitmi.gov](http://detroitmi.gov).
- Printing:** Union bug
- Quantities:** A) 170,000 B) 100,000
- Mail Prep:** Provide data list and postal statements, sort for sequencing, address for bulk mailing, provide tab closures to ensure mail-ready pieces, and manage postal drops.

**2) Police Commissioner Brochures**

#1 The BOPC has 11 members and each has a brochure that can be shared with the public for information about the role and duties of a Police Commissioner. A general template design is needed for the 11 members. The template then will be used to generate 11 individual brochures  
PRINTED BY CITY OF DETROIT TOTAL COPY CENTER.

- Size:** Letter 8.5" x 11"  
3-columns, tri-fold
- Ink Colors:** 4/4 full color all sides
- Artwork:** Professional Graphic Design Template aligned with BOPC-provided content and photos.
- Submit Template Design and 11 Brochure Designs for approval
  - Make Edits if required.
  - Provide Design to Printer as a camera-ready PDF or other print-ready file.
  - Provide Web-ready PDF to BOPC for posting to [detroitmi.gov](http://detroitmi.gov).

**3) Organizational BOPC Brochure**

The mission and work of the BOPC are vital aspects of daily life in Detroit. A general brochure about the BOPC will help the public understand what the charter mandate for civilian oversight means to Detroit Police Department operations, to community-focused policing in the city, and to overall protections for civil rights.

**Size:** Flat: 9"H x 25" wide      Folded: 9x5  
**Ink Colors:** 4/4 full color all sides  
**Artwork:** Professional Graphic Design Template aligned with BOPC-provided content and photos.

- Submit Design for review and approval
- Make Edits if required.
- Provide Design to Printer as a camera-ready PDF or other print-ready file.
- Provide Web-ready PDF to BOPC for posting to detroitmi.gov.

**Stock:** 80 pound gloss text

**Printing:** Union bug

**Quantities:**      A) 1,000      B) 2,000

**4) Policy Newsletter**

The BOPC reports on and explores significant or trending issues that impact the way police officers do their jobs, that impact police encounters with the public, and that affect transparency and accountability in law enforcement.

**Size:** Legal Size (8.5" x 14") fold to USPS required size for bulk mail  
**Ink Colors:** 4/4 full color all sides  
**Stock:** 60 pound text  
**Bindery:** Folding and tab closures for bulk mailing per USPS requirements.  
**Artwork:** Professional Graphic Design aligned with BOPC-provided articles and photos.

- Design may require creation of original charts or other info-graphics.
- Submit Design for review and approval.
- Make Edits if required.
- Provide Design to Printer as a camera-ready PDF or other print-ready file.
- Provide Web-ready PDF to BOPC for posting to detroitmi.gov.

**Printing:** Union bug

**Quantities:**      A) 20,000      B) 30,000

**Mail Prep:** Provide data list and postal statements, sort for sequencing, address for bulk mailing, provide tab closures to ensure mail-ready pieces, and manage postal drops

**5) Annual Report**

By Charter, the BOPC must issue an annual report to the Mayor, City Council and City Residents about the Detroit Police Department and civilian oversight, including public complaints.

**Size:** Flat: 17" x 11"      Finished: 8.5 x 11  
**Ink Colors:** 4/4 (full color double-sided)  
**Stock:** Cover – 100 pound gloss Cover  
Text – 100 pound gloss Text  
**Bindery:** Score, fold, trim saddle-stitch  
**Artwork:** Professional Graphic Design aligned with BOPC-provided content and photos.

- Design may require creation of:
  - 1) Cover Art based on BOPC-provided concept
  - 2) original charts or other info-graphics
- Submit Design for review and approval.
- Make Edits if required.
- Provide Finished Document to Printer as a camera-ready PDF/print-ready file
- Provide Web-ready PDF/flip-ready format to BOPC for posting to detroitmi.gov.

**Pages:** 40 + Cover

**Printing:** Union bug

**Quantity:** A) 600 B) 800

**6) 45<sup>th</sup> Anniversary Report**

In the aftermath of the 1967 Rebellion, a united and determined Detroit community sought and enacted civil rights reforms through the 1974 Charter to build a police department that embodied professionalism, equality and community responsiveness. This special report commemorates the vision and history of civilian oversight from the charter approval to the milestone first meeting in July 1974.

**Size:** Flat: 17" x 11" Finished: 8.5 x 11

**Ink Colors:** 4/4 (full color double-sided)

**Stock:** Cover – 70 pound gloss Text  
Text – 60 pound gloss Text

**Bindery:** Score, fold, trim saddle-stitch

**Artwork:** Professional Graphic Design aligned with BOPC-provided content and photos

- Design may require creation of:
  - 1) original Cover Art based on BOPC-provided concept or draft design
  - 2) original charts or other info-graphics
- Submit Design and Document for review and approval
- Make Edits if required
- Provide Finished Document to Printer as a camera-ready PDF/print-ready file.
- Provide Web-ready PDF/flip-ready format to BOPC for posting to detroitmi.gov.

**Pages:** 32 including Cover

**Printing:** Union bug

**Quantity:** 1,000 copies

**7) BOPC Community workshop notebooks**

The BOPC expects to hold community workshops on key issues related to public safety and local law enforcement.

**Artwork:** Professional Silkscreen Graphic Design aligned with BOPC mission and organizational identity.

- Design may require creation of original art based on BOPC-provided concept or draft design, with BOPC contact information if imprint space size permits.
- Submit Design for review and approval
- Make Adjustments if required
- Provide Finished Design to Printer as a camera-ready PDF/print-ready file

**Ink Color:** One Color

**Stock:** At least a 60-page lined, recycled paper notebook (minimum size 5.25 x 7) with an elastic pen loop with matching pen.

IMPRINT AREA MINIMUM 3"x3.5"

**Quantity:** 500 notebooks

**8) BOPC FANS Collaboration with the Religious Community**

The BOPC expects to hold additional meetings and workshops in houses of worships and wants to promote the organizational identity and mission of the BOPC long-term by distributing hand fans for use by the congregation members.

**Artwork:** Professional Silkscreen or other appropriate Graphic Design aligned with BOPC mission and organizational identity.

- Design may require creation of original art based on BOPC-provided concept or draft design, with BOPC contact information and key points about charter duties.
- Submit Design for review and approval.
- Make Adjustments if required.
- Provide Finished Design to Printer as a camera-ready PDF/print-ready file.

**Ink Color:** 4/4 full color, two-sided

**Stock:** Minimum 12" x 8" fan board stock with handle attached (glued)

**Quantity:** (A) 2,000 (B) 4,000 (C) 6,000

***General Specification for printed material such as newsletters, PSAs, posters, and brochures. The City of Detroit requires that all printed material must include the following:***

*With advance notice of seven calendar days, the City of Detroit will provide interpreter services at public meetings, including language translation and reasonable ADA accommodations. Please contact the Civil Rights, Inclusion and Opportunity Department at (313) 224-4950, through the TTY number 711, or email at [crio@cityofdetroitmi.gov](mailto:crio@cityofdetroitmi.gov) to schedule these services.*

**Service Provider Availability & Requirements**

The graphic design and printing services provider will be required to produce work on schedule/deadline for each project.

**Acceptance**

BOPC sign-off on designs are required prior to printing

**Billing**

Submit one invoice per completed project for payment of those provided services for a project.

**10. TECHNICAL INFORMATION**

*N/A*

**11. RESPONDENT PERFORMANCE HISTORY**

The respondent shall provide the following information:

- a. Identify in detail at least four (4) similar projects by name, subject matter, location, respondent's services provided and the length of time respondent's service were provided on each (use attached reference form). Included in this informal shall be the description of services provided and the time period during which the services were provided;
- b. Identify the respondent's key personnel working on the projects identified in "section a" above;
- c. Identify any projects in which the respondent's contract was terminated for any reason;
- d. Identify any claims or lawsuits that have been brought against your organization as a result of any services provided within the last 3 years;
- e. Attach your organization's financial statements (CPA Certified) for the previous three years; and
- f. Provide an organization chart indicating the key personnel who will provide services resulting from this RFP. Also provide a resume for each of the key personnel.

**12. EVALUATION CRITERIA**

*The evaluation criteria shall be listed from the criteria with the highest weight to that with the lowest.*

**PHASE ONE CRITERIA – NON-ECONOMIC DEVELOPMENT**

25 points: Price

15 points: Quality/Type and Method of Printing

10 points: Time and delivery

10 points: Experience, 5 plus years

5 points: Materials

## ATTACHMENT # 3

### TERESA BLOSSOM - Re: Archive Copies question

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**From:** Pat Trammell  
**To:** TERESA BLOSSOM  
**Date:** 3/6/2018 12:16 PM  
**Subject:** Re: Archive Copies question

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Good afternoon,

Your job is to large in pages for our copier. Please contact an outside vendor.

Thanks,

Patricia Trammell  
Print Shop Supervisor  
City of Detroit  
CCSD Total Copy Center  
2 Woodward Suite B6  
Detroit, Michigan 48226  
Office: 224-3454  
Fax: 224-9717  
Mike Duggan, Mayor

> > TERESA BLOSSOM 3/6/2018 9:59 AM >

Good day Pat.

We are out of copies of our 2016 Annual Report so I want to get 50 copies in booklet format, which means it would print 8 1/2 x 11 and get folded in half with a staple in the middle.

This is not urgent, just something I plan to send over to you within the next week for a April 2 due date. But I want to make sure I fill out the form correctly, since technically the document has 36 pages, but only 18 when booklet format is selected. The booklet format also is half the size of original document, but I do not think I would put 50% on the form.

Please advise. Thanks

Teresa Blossom  
Police Community Relations Coordinator  
Board of Police Commissioners  
Detroit Public Safety Headquarters  
1301 Third Street Suite 7s-767  
Detroit, MI 48226  
Office: 313.596.1816  
Cell: 313.282.4535  
Fax: 313.596.1831

Mike Duggan, Mayor

***Police Accountability through Civilian Oversight since 1974***





CITY OF DETROIT  
OFFICE OF THE CHIEF FINANCIAL OFFICER  
OFFICE OF DEVELOPMENT AND GRANTS



COLEMAN A. YOUNG MUNICIPAL CENTER  
2 WOODWARD AVENUE, SUITE 1026  
DETROIT, MICHIGAN 48226  
PHONE: 313 • 628-2158  
FAX: 313 • 224 • 0542  
WWW.DETROITMI.GOV

May 13, 2019

The Honorable Detroit City Council  
**ATTN: City Clerk Office**  
200 Coleman A. Young Municipal Center  
Detroit MI 48226

**RE: Authorization to submit a grant application to the Michigan Department of Environmental Quality for the FY 2019 Recycling Infrastructure Grant Program**

The Department of Public Works is hereby requesting authorization from Detroit City Council to submit a grant application to the Michigan Department of Environmental Quality for the FY 2019 Recycling Infrastructure Grant Program. The amount being sought is \$572,963.00. The State share is \$572,963 of the approved amount, there is a total cash match of \$381,946.00. The cash match will be provided by the department's solid waste fund, in the amount of \$171,806.00, and the Recycling Partnership Grant, in the amount of \$210,140.00. The total project cost is \$954,939.

The FY 2019 Recycling Infrastructure Grant Program will enable the department to:

- Purchase recycling containers that will grow the residential curbside program
- Launch a public space recycling program and establish a municipal building program

If the application is approved, a cash match will be provided from appropriation 12396.

We respectfully request your approval to submit the grant application by adopting the attached resolution.

Sincerely,

Ryan Friedrichs  
Director, Office of Development and Grants

CC:

Katerli Bounds, Deputy Director, Grants  
Sajjiah Parker, Assistant Director, Grants

This Request has been approved by the Office of Budget.

2019 05 13 10:00 AM

## Office of Development and Grants

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### RESOLUTION

**Council Member** \_\_\_\_\_

**WHEREAS**, the Department of Public Works has requested authorization from City Council to submit a grant application to the Michigan Department of Environmental Quality, for the FY 2019 Recycling Infrastructure Grant Program, in the amount of \$572,963.00, to purchase recycling containers that will grow the residential curbside program; and

**WHEREAS**, the total cash match requirement \$381,946.00; and

**WHEREAS**, the Department of Public Works has \$171,806.00 available in its FY 2019 Departmental allocation in appropriation 12396, for the City match requirement for the FY 2019 Recycling Infrastructure Grant Program; and

**WHEREAS**, the Department of Public Works will utilize the Recycling Partnership Grant, in the amount of \$210,140.00, to cover the cost of the remainder of the match; and

**WHEREAS**, this request has been approved by the Office of Budget; now

**THEREFORE BE IT RESOLVED**, the Department of Public Works is hereby authorized to submit a grant application to the Michigan Department of Environmental Quality for the FY 2019 Recycling Infrastructure Grant Program.



**COLEMAN A. YOUNG MUNICIPAL CENTER  
2 WOODWARD AVENUE, SUITE 1026  
DETROIT, MICHIGAN 48226  
PHONE: 313 • 628-2158  
FAX: 313 • 224 • 0542  
WWW.DETROITMI.GOV**

**In order to secure the Office of Development and Grants (ODG) approval required under Section 18-4-2 of the Detroit City Charter, this form is to be filled out by City Departments as soon as possible upon learning of an opportunity that the Department would like to pursue. This form must be signed and submitted not later than 20 business days prior to the application deadline.**

<b>City Department</b>	Department of Public Works
<b>Date</b>	April 28, 2019
<b>Department Contact Name</b>	Ron Brundidge
<b>Department Contact Phone</b>	313-224-3905
<b>Department Contact Email</b>	BrundidgeR@detroitmi.gov
<b>Grant Opportunity Title</b>	2019 MDEQ Recycling Infrastructure Grant Program
<b>Grant Opportunity Funding Agency</b>	MDEQ
<b>Web Link to Opportunity Information</b>	<a href="#">https://www.michigan.gov/dematerial/recycling/grants/FY16_FY17_2018_RFP_for recycling infrastructure_Operating_MFF_Grantee.pdf</a>
<b>Award Amount (that Department will apply for)</b>	\$572,983
<b>Application Due Date</b>	May 1, 2019
<b>Anticipated Proposed Budget Amount</b>	\$954,939
<b>City Match Contribution Amount</b>	\$171,806
<b>Source of City Match (Include Appropriation Number, Cost Center, and Object Code)</b>	The Recycling Partnership grant award \$210,140 (See Attached) DPW Solid Waste Fund \$171,806 (Account String: 3401-12398-190410-617900-000000-000000-000000)
<b>List of programs/services/activities to be funded and the Budget for each</b> <i>Sample:</i> - ABC Afterschool program: \$150,000 - XYZ Youth leadership program: \$100,000 - Salary/Benefits: \$95,000 - Supplies: \$5,000	Residential Carts \$401,025 Multifamily/Commercial Carts \$224,055 Public Space Containers \$16,700 Municipal Building Containers \$22,599 Side Loader Truck \$290,560
<b>Brief Statement of Priorities/Purpose for the Application</b> <i>Sample: To support expansion of promising youth development programs in MNO neighborhood.</i>	To purchase recycling containers for the following initiatives: 1) Grow the residential curbside program, 2) Launch a multifamily/commercial program, 3) Launch a public space program 4) Establish a municipal building program
<b>Key Performance Indicators to be Used to Measure the Programs/Services/Activities</b> <i>Sample:</i> # of kids newly enrolled in ABC and XYZ % of kids from ABC who demonstrate improved educational performance	% Recycling Participation rate # Curbside tonnage collected # of participating multifamily/commercial % Diversion Rate

Director's Name (Please Print) \_\_\_\_\_

  
Director's Signature

Date \_\_\_\_\_



125 Rowell Court  
Falls Church, VA 22046  
864.760.8828

RECYCLINGPARTNERSHIP.ORG

Ron Brundidge, Director  
City of Detroit, Department of Public Works  
Coleman A. Young Municipal Center, Suite 611  
Detroit, MI 48226

May 10, 2019

Dear Mr. Brundidge,

The Recycling Partnership would like to present the City of Detroit with this letter of commitment to provide grant funding and technical assistance in support of the city's recycling program. This letter provides a summary the grant funding being offered, and this commitment has been developed as a result of discussions with city staff following the earlier offer of grant funding that we put before you in my letter dated April 23, 2019. This commitment of grant funding is intended to complement the City's application to Michigan Department of Environmental Quality (MI DEQ) for a Recycling Infrastructure Grant, and The Recycling Partnership is prepared to work with the City of Detroit to develop and execute a grant contract agreement built around this commitment and the conditions set forth in our earlier offer that will combine to become the foundation of our work together.

Our grant will be in support of the City's efforts to advance and expand your curbside and multifamily recycling programs, and the total cash grant available to the city of up to \$325,308 represents a combination of funding for recycling infrastructure (carts, bins and collection equipment) as well as funding for recycling education and outreach. The amounts set forward in the table below are intended to reflect the total amount of cash grant funding that the Recycling Partnership will make available to the City of Detroit. The actual amount of funding provided will depend on the city's implemented work, and the funding will be paid on a reimbursement basis.

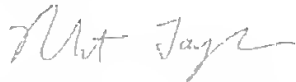
Summary of Grant Offer In Support of Curbside and Multifamily Recycling		
Item Description	Grant Description	Grant Total
Curbside Recycling 64 Gallon Carts	Grant funding of \$10 per cart for up to 16,041 carts	Up to \$160,410
Multifamily Outdoor Collection Receptacles	Grant funding of \$12.50 per 64 gal. cart and / or \$137.50 per 400 gal. container	Up to \$81,025
Multifamily In-Unit Receptacles	Grant funding of up to \$5 per in-unit container	Up to \$10,750
Recycling Partnership Infrastructure Grant Total		Up to \$252,185
Curbside Recycling Outreach	\$3 per cart delivered to curbside recycling households	Up to \$48,123
Multifamily Recycling Outreach	Funding to support education and outreach to multifamily households about recycling	Up to \$25,000
Recycling Partnership Outreach Grant Total		Up to \$73,123
Total Combined Cash Grant for Curbside and Multifamily Recycling:		Up to \$325,308

Our grant for multifamily outdoor collection receptacles and in-unit containers is configured to allow the City the flexibility of purchasing the types and amounts of equipment most responsive to the city's needs. In addition to the financial assistance as outlined above, our grant will also include technical assistance with the

planning and implementation of the recycling outreach campaigns. We are thrilled to be able to provide the City of Detroit this commitment for grant funding with the goal of working towards the execution of a mutually agreeable grant contract agreement.

Improved recycling supports industry and employment, protects the environment, and empowers communities. The Recycling Partnership looks forward to supporting The City of Detroit as you grow your public recycling efforts.

Sincerely,

A handwritten signature in dark ink, appearing to read "Rob Taylor", with a stylized, cursive script.

Rob Taylor, Director of Grants and Community Development  
The Recycling Partnership  
Email: [rtaylor@recyclingpartnership.org](mailto:rtaylor@recyclingpartnership.org)  
Phone: 919-777-3964



CITY OF DETROIT  
OFFICE OF THE CHIEF FINANCIAL OFFICER  
OFFICE OF DEVELOPMENT AND GRANTS

COLEMAN A. YOUNG MUNICIPAL CENTER  
2 WOODWARD AVENUE, SUITE 1026  
DETROIT, MICHIGAN 48226  
PHONE: 313 • 628-2158  
FAX: 313 • 224 • 0542  
WWW.DETROITMI.GOV

### Grant Application Request Form (GARF)

In order to secure the Office of Development and Grants (ODG) approval required under Section 18-4-2 of the Detroit City Charter, this form is to be filled out by City Departments as soon as possible upon learning of an opportunity that the Department would like to pursue. This form must be signed and submitted not later than 20 business days prior to the application deadline.

Please submit this form to the following ODG staff: Sajjiah Parker, Assistant Director, [parkersa@detroitmi.gov](mailto:parkersa@detroitmi.gov) and Greg Andrews, Program Analyst IV, [andrewsgr@detroitmi.gov](mailto:andrewsgr@detroitmi.gov)

City Department	Department of Public Works
Date	April 26, 2019
Department Contact Name	Ron Brundidge
Department Contact Phone	313-224-3905
Department Contact Email	BrundidgeR@detroitmi.gov
Grant Opportunity Title	2019 MDEQ Recycling Infrastructure Grant Program
Grant Opportunity Funding Agency	MDEQ
Web Link to Opportunity Information	<a href="https://www.detroitmi.gov/documents/2019-04-26-2019_MDEQ_Recycling_Infrastructure_Grant_APP_042619.pdf">https://www.detroitmi.gov/documents/2019-04-26-2019_MDEQ_Recycling_Infrastructure_Grant_APP_042619.pdf</a>
Award Amount (that Department will apply for)	\$572,963
Application Due Date	May 1, 2019
Anticipated Proposed Budget Amount	\$954,939
City Match Contribution Amount	\$171,806
Source of City Match (include Appropriation Number, Cost Center, and Object Code)	The Recycling Partnership grant award \$210,140 (See Attached) DPW Solid Waste Fund \$171,806 (Account String: 3401-12396-190410-617900-000000-00000-00000-000000)
List of programs/services/activities to be funded and the Budget for each Sample: - ABC Afterschool program: \$150,000 - XYZ Youth leadership program: \$100,000 - Salary/Benefits: \$95,000 - Supplies: \$5,000	Residential Carts \$401,025 Multifamily/Commercial Carts \$224,055 Public Space Containers \$16,700 Municipal Building Containers \$22,599 Side Loader Truck \$290,560
Brief Statement of Priorities/Purpose for the Application Sample: To support expansion of promising youth development programs in MNO neighborhood.	To purchase recycling containers for the following initiatives: 1) Grow the residential curbside program, 2) Launch a multifamily/commercial program, 3) Launch a public space program 4) Establish a municipal building program
Key Performance Indicators to be Used to Measure the Programs/Services/Activities Sample: # of kids newly enrolled in ABC and XYZ % of kids from ABC who demonstrated improved educational performance	% Recycling Participation rate # Curbside tonnage collected # of participating multifamily/commercial % Diversion Rate

**Ron Brundidge**

Director's Name (Please Print)

  
Director's Signature

**4/26/2019**

Date



COUNCIL MEMBER AT-LARGE

**JANEÉ L. AYERS**

Coleman A. Young Municipal Center  
2 Woodward Avenue, Suite 1340  
Detroit, Michigan 48226

Phone 313•224•4248  
Fax 313•224•1787  
[www.detroitmi.gov/janeeayers](http://www.detroitmi.gov/janeeayers)



CITY CLERK  
JUNE 5 AM 11:13

## MEMORANDUM

**TO:** David Whittaker, Director  
Legislative Policy Division

**VIA:** Council President Brenda Jones

**FROM:** Janee' Ayers, Vice Chair  
Public Health and Safety Standing Committee

**DATE:** June 6, 2019

**RE:** Request for resolution for Pride Month

I would like to request LPD to write a resolution declaring the month of June as LGBTQ+ Pride Month in the City of Detroit.

Thank you for your time and effort,

Janee' Ayers  
Detroit City Council

cc: Colleagues  
City Clerk



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# City of Detroit

CITY COUNCIL

**MARY SHEFFIELD**  
COUNCIL PRESIDENT PRO TEM MARY SHEFFIELD  
DISTRICT 5

## MEMORANDUM

**TO:** Stephanie Washington, Mayor's Office  
**THRU:** Council Member Scott Benson, Chair, Public Health & Safety  
**FROM:** Council President Pro Tem Mary Sheffield *MS*  
**DATE:** June 3, 2019  
**RE:** Roll off dumpster located at/near 2301 Pingree Street

Our office has received numerous inquiries regarding an abandoned roll off dumpster located at or near 2301 Pingree Street. According to residents, the dumpster has been abandoned for over 6 months.

This communication is to request the Administration conduct an investigation to determine ownership and dumpster removal.

Attachments: <sup>1</sup>

Should you have any questions, please contact my office.

CC: Honorable Colleagues  
CC: Honorable City Clerk, Janice Winfrey

<sup>1</sup> Appendix 1, Dumpster Image



## Appendix 1

